

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 105692
Permit No. _____
Basin 222

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 222.020 and NAC 222.040

NOTICE OF INTENT NO. 33698

1. OWNER CASABIANCA RESORTS LLC
MAILING ADDRESS 897 west Mesquite Blvd
Mesquite NV 89027
2. LOCATION SE 1/4 NE 1/4 Sec 18 T 13 N R 71 E
PERMIT/PAVER No. R-1405 | 001-18-602-008
Locality/Well Name: _____ Parcel No. _____

ADDRESS AT WELL LOCATION P-W-3
811 - west Mesquite Blvd
Subdivision Name: _____ County: Clark
Latitude 36° 48' 52" ALTITUDE HAD 17
Longitude 114° 05' 71" HAD 08/09/01

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other (AUGER)

6. LITHOLOGIC LOG

Material	Water Levels	From	To	Thick-ness
Asphalt		0	3"	
	<u>W 33'</u>			
Brown claye sand		3"	65'	

**DCNR/DWR
RECEIVED**
 JUL 08 2008
LAS VEGAS OFFICE

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>65</u>		<u>65</u>	

None Drilled (off site)

From	To	Feet	Feet
<u>12</u> Inches	<u>0</u> Feet	<u>65</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>18.97</u>	<u>.280</u>	<u>0</u>	<u>65</u>

Perforations:

Type of perforation Factory slotted
Size of perforation .010

From 30 feet to 65 feet
From _____ feet to _____ feet

Annular Seal Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 28 to 65 Pumped Poured
Type: 10/20 Colorado silica sand

Bentonite Chips: Yes No 1 to 28 Pumped Poured
Type: 3/8 chips hydrated

Date started: 6-18 .20 08
Date completed: 6-18 .20 08

7. Water Level
Static water level: 33' feet below land surface
Artesian Flow: NA G.P.M. NA P.S.I.
Water Temperature: NA °F
Quality: good

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Bailer</u>	<u>2</u>	<u>N/A</u>	<u>.5</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDC Exploration & Wells
Contractor

Address 570 Corinthian Way
Contractor

Las Vegas, NV 89030

Nevada contractor's license number
issued by the State Contractor's Board 0012852

Nevada driller's license number issued by the
Division of Water Resources, the on-site driller 2057-T4

Signed _____
By driller performing actual drilling on site or contractor

Date _____

USE ADDITIONAL SHEETS IF NECESSARY