

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

OFFICE USE ONLY
Log No. 105998
Permit No. _____
Basin 2.2

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 34569

1. OWNER Chetak Development Corporation ADDRESS AT WELL LOCATION 2236 Paradise Rd.
MAILING ADDRESS 9901 Covington Cross Br. #170 Las Vegas, NV 89104
Las Vegas, NV 89144-6595 Subdivision Name: _____ County: Clark

2. LOCATION SW 1/4 SW 1/4 Sec 3 T 21 N R 61 E Latitude 36°08'39.4" UTM E NAD 27
PERMIT/WAIVER No. 162-03-411-011 Longitude 115°09'18.4" N NAD 83/WGS 84
Issued by Water Resources Parcel No. Well # MW-11

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 Strata	From	To	Thickness
Asphalt		0	0.5'	0.5'
Fill		0.5'	2'	1.5'
Sand & Gravel		2'	5'	3'
caliche		5'	6'	1'
Sand w/ clay		6'	7'	1'
caliche		7'	8'	1'
Sandy Clay		8'	15'	7'
Clay		16'	25'	10'

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 2.5 Feet
From _____ Inches To _____ Feet
From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .020
From 10 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 4' Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: #3
Bentonite Chips: Yes No 4 to 8' Pumped Poured
Type: Hot Plug

Date started: 6/18, 20 08
Date completed: 6/18, 20 08

7. Water Level
Static water level: 16 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling Inc. Contractor
Address 4255 W. Post Rd. Contractor
Las Vegas, NV 89118
Nevada contractor's license number 0054931
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1869
Signed _____
By driller performing actual drilling on-site or contractor
Date 6/19/08