

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. **107159**
 Permit No. _____
 Basin **212**

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **33955**

1. OWNER **NEVADA PROPERTY 1 LLC** ADDRESS AT WELL LOCATION **3708 S. LAS VEGAS BLVD.**
 MAILING ADDRESS **300 S Fourth St. #1700** **LAS VEGAS, NV**
Las Vegas, NV 89101

2. LOCATION **SW** 1/4 **NE** 1/4 Sec **20** T **21** S R **61** E **CLARK** County

PERMIT NO. **DW1220A** **162-20-603-007**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Plug 1-Dewater wells				
Depth 75'				
Casings 14"				
Excavate near bottom cut off and cement in last 10' of pipe.				
Filled with 2 yards of 9 sack cement grout in each well.				
WGS84				
N36 06 496				
W115 10 488				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet	Feet
From _____	To _____		
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
_____	_____	_____	_____	_____

Perforations:

Type perforation _____
 Size perforation _____

From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ **12** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **9/19, 20 08**
 Date completed **9/19, 20 08**

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

Draw Down (Feet Below Static) _____ Time (Hours) _____

DCNR/DWR RECEIVED
NOV 26 2008
LAS VEGAS OFFICE

10. DRILLER'S CERTIFICATION

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

Name **ALLEN DRILLING INC.**
 (CONTRACTOR)
 Address **4015 WEST TOMPKINS AVE.**
 (CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **MPDEW2343**

Signed *Timothy Kelly*
 By driller performing actual drilling on site or contractor
 Date **10/17/08**