

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

OFFICE USE ONLY
Log No. 107237
Permit No. _____
Basin 212

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. 63331

1. OWNER Herbst Development LLC ADDRESS AT WELL LOCATION 298 S Decatur Blvd
MAILING ADDRESS 5195 Las Vegas Blvd S. DPE-1 Las Vegas, NV, 89107
Las Vegas, NV 89119 Subdivision Name: _____ County: Clark

2. LOCATION NE 1/4 NE 1/4 Sec 36 T 20 N R 60 E Latitude 36° 10' 13.49" N UTM E NAD 27
PERMIT/WAIVER No. 13836516005 Longitude 115° 12' 22.93" W N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Back Fill</u>		<u>0</u>	<u>3</u>	
<u>Caliche</u>		<u>3</u>	<u>7</u>	
<u>Silty Sand</u>		<u>7</u>	<u>13</u>	
<u>Silty Sand w/ clay</u>		<u>13</u>	<u>16</u>	
<u>Sandy silt</u>		<u>16</u>	<u>20</u>	
<u>Silt w/ clay</u>		<u>20</u>	<u>25</u>	

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10</u> Inches	<u>0</u> Feet	<u>25</u> Feet
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>		<u>sch 40</u>	<u>0</u>	<u>25</u>

Perforation

Type of perforation Stainless steel wrap wire screen
Size of perforation .020

From 10 feet to 25 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 1 to 6 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: Montgomery #3 Sand

Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: 3% Bent. chips

Date started: 11-19-08, 20
Date completed: 11-19-08, 20

7. Water Level
Static water level: 14.6 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
		<u>30 mins.</u>

RECEIVED
DEC 12 2008

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
N. 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 m-2381

Signed _____
By driller performing actual drilling on-site or contractor
Date 12-10-08

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

NSPO 3-08 LAS VEGAS OFFICE

(0) 627