

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

OFFICE USE ONLY
Log No. 107720
Permit No. _____
Basin 222

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

1. OWNER Clark County Right of way ADDRESS AT WELL LOCATION Right of way of Quail Run
MAILING ADDRESS 500 S. Grand Central Parkway MW-15
Las Vegas, NV 89101 Subdivision Name: _____ County: Clark

2. LOCATION NE 1/4 SE 1/4 Sec 17 T 13 N R 71 E Latitude 36° 48' 7.65" N UTM E NAD 27
PERMIT/WAIVER No. 001-17-799-031 Longitude 114° 04' 44.80" W N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

NOTICE OF INTENT NO. 32089

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
 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Concrete		0	4"	
Fill		4"	1.5'	
Silty Sand		1.5	3	
Silty clay		3	4	
Silty sand		4	6	
Sandy clay		6	8	
Silty clay		8	12	
Clayey Sand		12	14	
Silty Sand	X	14	16	
clayey sand		16	21.5	

9. WELL CONSTRUCTION

Depth Drilled 21.5 Feet Depth Cased 21.5 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>8</u> Inches	<u>21.5</u> Feet
_____ inches	_____ Feet
_____ inches	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>3.65</u>	<u>Sch 40</u>	<u>0</u>	<u>21.5</u>

Perforations:

Type of perforation Factory slotted

Size of perforation .010

From 11.5 feet to 21.5 feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 1 to 7.5 Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 9.5 to 21.5 Pumped Poured

Type: 8-12 Silica Sand

Bentonite Chips: Yes No 7.5 to 9.5 Pumped Poured

Type: 3/8 Bent chips

Date started: 2-18 .20 09

Date completed: 2-18 .20 09

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			
<u>N/A</u>			

CONFIDENTIAL RECEIVED
MAR 09 2009

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 001285Z

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2381

Signed _____

Date 3-5-09

By driller performing actual drilling on-site or contractor