

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

OFFICE USE ONLY
Log No. **108157**
Permit No. _____
Basin _____

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. **32173**

1 OWNER **RHDH PROPERTIES LLC C/O LAWEA** ADDRESS AT WELL LOCATION **1600 N. RANCHO DR**
MAILING ADDRESS **399 WALL ST. #4** **LAS VEGAS NV.**
GLENDALE HEIGHTS ILL 60139 Subdivision Name: _____ County: **CLARK**

2 LOCATION **SW 1/4 SW 20 T 20 N 15 R 01 E** Latitude **36° 11.320 N** UTM E _____ NAD 27
PERMIT/WAIVER No. **139-20-411-005** Longitude **115° 11.125 W** N _____ NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

Is this well being plugged because a replacement well was drilled? **NO**
If yes, what is replacement well NOI? _____

Is there an existing well log? **NO**
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled **19** Feet Depth Cased **19** Feet

| EXISTING CASING SCHEDULE | | | | |
|--------------------------|---------------------|-------------------------|-------------|-----------|
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
| 4" | | SCM 40 | 0 | 19 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7 WELL PLUGGING PROCEDURE

Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

If casing was left in place, please show where additional perforations were made:
Additional Perforations: _____

Existing Perforations:

| Type of perforation | Size of perforation | From | feet to | feet | feet |
|---------------------|---------------------|----------|----------------|-----------|-------------|
| MACHINE SLOT | 0.20 | 9 | feet to | 19 | feet |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Type of perforator used:

| From | feet to | feet | Number of perfs per linear foot |
|------|---------|------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5 WATER LEVEL

Static water level **15.9** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

| From | feet to | feet | Material Used | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
|----------|----------------|-----------|------------------|-------------------------------------|--|
| 0 | feet to | 25 | ASPHALT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | CONCRETE | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | BENTONITE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

6 Additional Notes or Comments
FACILITY ID. NO. 8-000609

Neat Cement Fluid Weight **+ 13** lbs/gal
Bentonite Grout **+ 20** % bentonite
Date Started **3-18-2009**
Date Completed **3-18-2009**

9 DRILLER'S CERTIFICATION

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

Name **EAGLE DRILLING** Contractor
Address **7150 PLACID ST LAS VEGAS NV, 89119** Contractor

Nevada contractor's license number **51266**
issued by the State Contractor's Board
Nevada driller's license number issued by the **2357**
Division of Water Resources, the on-site driller

Signed **[Signature]**
Date **3-25-2009**
By driller performing actual drilling on-site or contractor

DCNR/DWR RECEIVED
MAR 30 2009
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05-06)