

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

OFFICE USE ONLY
Log No. **108161**
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 **RHOH PROPERTIES LLC (PCAW DET)** ADDRESS AT WELL LOCATION **1600 N. RANCHO DR.**
MAILING ADDRESS **399 WALL ST. # 4** **LAS VEGAS NV.**
LOREDALE HEIGHTS ILL. 00139 Subdivision Name: _____ County: **CLARK**

2 LOCATION **SW 1/4 SW 1/4 Sec 20 T 20 N/S R 61 E** Latitude **36° 11.324 N** UTM E NAD 27
PERMIT/WAIVER No. **139-26-411-005** Longitude **115° 11.130 W** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 TYPE OF WELL Is this well being plugged because a replacement well was drilled? **NO** Is there an existing well log? **NO**
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well NO? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled **22** Feet Depth Cased **22** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4			0	22

Existing Perforations:
Type of perforation **MACHINE SLOT**
Size of perforation **1.020**
From **12** feet to **22** feet
From _____ feet to _____ feet

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:
Type of perforator used:
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____

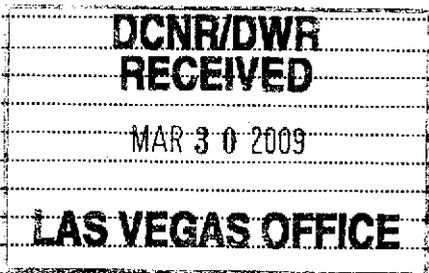
5 WATER LEVEL
Static water level **16.7** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS
From **0** feet to **1.25** feet **ASPHALT** Pumped Poured
From **1.25** feet to **1.5** feet **CONCRETE** Pumped Poured
From **1.5** feet to **22** feet **BENTONITE** Pumped Poured
From _____ feet to _____ feet Pumped Poured
From _____ feet to _____ feet Pumped Poured
From _____ feet to _____ feet Pumped Poured

6 Additional Notes or Comments
FACILITY I.D. NO. 8-000609

Neat Cement Fluid Weight **+ 13** lbs/gal
Bentonite Grout **+ 20** % bentonite
Date Started **3-17-2009**
Date Completed **3-17-2009**

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 **EALIE DRILLING** Contractor
Address **7150 LAS VEGAS NV. 89119** Contractor
Nevada contractor's license number issued by the State Contractor's Board **51266**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2357**
Signed **M. J. Wicktor**
By driller performing actual drilling on-site or contractor
Date **3-23-2009**



USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05-05)