

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

OFFICE USE ONLY
Log No. 114918
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

1. OWNER NV West Desert Inn LLC. ADDRESS AT WELL LOCATION 2548 W. Desert Inn Rd.
MAILING ADDRESS 1271 Ave of the Americas 38th Las Vegas NV
New York, NY 10020-1300 Subdivision Name: _____ County: Clark

NOTICE OF INTENT NO. 35620

2. LOCATION SE 1/4 SE 1/4 Sec 08 T 21 N R 61 E Latitude 36°07.901' UTM E NAD 27
PERMIT/WAIVER No. 162-08-305-009 Longitude 115°10.517' N NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition Deepen Other Injection well
4. PROPOSED USE Domestic Municipal/Industrial Irrigation Test Stock Monitor
5. WELL TYPE Cable Rotary RVC Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Fill Type #</u>		<u>0</u>	<u>17</u>	
<u>clay w/sand</u>	<u>8</u>	<u>17</u>	<u>22</u>	
<u>clay w/layered sand</u>		<u>17</u>	<u>32</u>	

9. WELL CONSTRUCTION

Depth Drilled	<u>32</u>	Feet	Depth Cased	<u>32</u>	Feet
HOLE DIAMETER (BIT SIZE)					
	<u>8</u>	Inches	From <u>0</u>	To <u>32</u>	Feet
		Inches	Feet	Feet	Feet
		Inches	Feet	Feet	Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
<u>2"</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>32</u>	

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 22 feet to 32 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 1 to 5 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 20 to 32 Pumped Poured
Type: #8
Bentonite Chips: Yes No 5 to 20 Pumped Poured
Type: tile plug

Date started: 2/14 20 12
Date completed: 2/14 20 12

7. Water Level
Static water level: 8 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"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

DCNR/DWR RECEIVED
FEB 28 2012

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling Inc
Address 4255 W. Post rd.
Las Vegas, NV 89118
Nevada contractor's license number 0081931
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1869
Signed _____
Date 2/23/12