WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 89812
Permit No.
Basin 212

NOTICE OF INTENT NO. 24934

1. OWNER IRON MOUNTAIN RANCH ALLIANCE LLC
MAILING ADDRESS 2810 W. CHARLESTON #81
LAS VEGAS, NV
ADDRESS AT WELL LOCATION 8250 THOM BLVD.
LAS VEGAS, NV

2. LOCATION NW ¼ SE ¼ Sec. 12 T. 19 N/S R. 60 E. CLARK County
PERMIT NO. (Issued by Water Resources) 125-12-701-007 (Parcel No.) GEOTEK (Subdivision Name)

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

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

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Abandon 1-8" domestic well				
Depth 240'				
Static water level 154'				
Perforate well from 240' to 100'.				
Filled with 6 yards of W171 slurry.				

DCNR/DWR RECEIVED JUL 02 2003 LAS VEGAS OFFICE

Date started 6/12/03, 20
Date complated 6/12/03, 20

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name (Contractor) ALLEN DRILLING INC.
Address (Contractor) 4015 WEST TOMPKINS AVE.
LAS VEGAS, NV 89103
Nevada contractor's license number issued by the State Contractor's Board 18917
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1301
Signed Fred B. Allen III
By driller performing actual drilling on site or contractor
Date 6/30/03

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627