

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 97599
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **29452**

1. OWNER **HORTON DR INC.** ADDRESS AT WELL LOCATION **MONTGOMERY & RANCH HORSE**
 MAILING ADDRESS **3513 E RUSSELL RD #A LAS VEGAS, NV 89120-2244**

2. LOCATION **SW 1/4 NW 1/4 Sec 30 T 19 S R 61 E CLARK County**
 PERMIT NO. **124-30-202-001**

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
Plug 1 domestic well				
Casing 8 5/8"				
Depth 295'				
Clean out casing to 295'				
Trimmie 7 yards of W171 slurry to top of well.				
<i>Plugging of log # ?</i>				
DCNR/DWR RECEIVED				
SEP 15 2005				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Inches	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift
 Draw Down (Feet Below Static) _____ Time (Hours) _____
 G.P.M. _____

Date started **8/25, 20 05**
 Date completed **8/28, 20 05**

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 **ALLEN DRILLING INC.**
 (CONTRACTOR)
 Address **4015 WEST TOMPKINS AVE LAS VEGAS, NV 89103**
 (CONTRACTOR)
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2231**
 Signed *Victor Allen*
 By driller performing actual drilling on site or contractor
 Date **9/9/05**