

OFFICE USE ONLY
 Log No. 100402
 Permit No. _____
 Basin. 212
 26718
 26719

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 26718

1. OWNER WESTERN SUMMIT ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5470 VALLEY HWY 5057 E FLAMINGO RD
DENVER, CO. 80126 LAS VEGAS, NV. 89115
 2. LOCATION 1/4 NW 1/4 Sec. 22 T. 21 N. R. 62 E CLARK County
 PERMIT NO. DW-1208 161-22-101-001 Parcel No. _____
 Issued by Water Resources Subdivision Name _____

3. WORK PERFORMED 4. PROPOSED USE Dewatering 5. WELL TYPE
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other BUCKET

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>2 OF THE EXISTING 12 WELLS</u>				
<u>WERE REMOVED + 10' OF CONCRETE</u>				
<u>PLACED IN REMAINING BORE HOLE.</u>				
<u>THE OTHER 10 DEWATERING</u>				
<u>WELLS ARE STILL IN OPERATION &</u>				
<u>WILL BE ABANDONED @ A LATER</u>				
<u>DATE</u>				
<u>DCNR/DWR</u>				
<u>RECEIVED</u>				
<u>JUN 29 2006</u>				
<u>LAS VEGAS OFFICE</u>				

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started JUNE 22, 2006, 19_____
 Date completed JUNE 22, 2006, 19_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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 KELLEY DEWATERING CONST. CO. Contractor
 Address SITS CLAY AVE Contractor
WYOMING MI., 49548
 Nevada contractor's license number 50826
 issued by the State Contractor's Board
 Nevada driller's license number issued by the ABDS 2149
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6-28-06