

OFFICE USE ONLY
 Log No. 100638
 Permit No. _____
 Basin. 163

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. 30038

1. OWNER KELLY RAY CAMERON ADDRESS AT WELL LOCATION LAVA AV. + SANTEE ST.
 MAILING ADDRESS 777 E QUARTZ #8030 SANDY VALLEY NV 89019
 2. LOCATION NW 1/4 NW 26 T 24 N/S R. 56 E CLARK County
 PERMIT NO. 200-26-101-004 Issued by Water Resources Parcel No. 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	Thick-ness
SANDY LOAM		0	3	3
CLAY		3	18	15
CALICHE		18	22	4
CLAY		22	38	16
CALICHE		38	41	3
CLAY		41	58	17
CALICHE		58	63	5
CLAY		63	79	16
CALICHE	W.B.	79	83	4
CLAY		83	108	25
CALICHE	W.B.	108	115	7
CLAY		115	129	14
CALICHE	W.B.	129	135	6
CLAY		135	140	5

DCNR/DWR RECEIVED
 AUG 28 2006
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 140
10 5/8 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)
<u>6 7/8</u>	<u>4.33</u>	<u>.316</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation SAW CUT
 Size perforation 8" INCH BY 6" INCH
 From 140 feet to 100 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 FT. Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 140 feet to 50 feet

9. WATER LEVEL
 Static water level 72 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality _____

Date started 8-2, 2006
 Date completed 8-3, 2006

7. 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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BUDGET DRILLING CO. Contractor
 Address P.O. Box 3505 PRATVUMP NV 89041 Contractor
 Nevada contractor's license number 40020 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1573
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 8-4-06