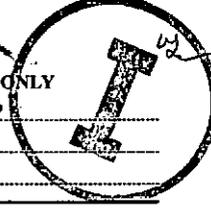


Log No. 101406

Permit No. _____

Basin 212



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. 30631

1. OWNER BERNARD SCHMIDT ADDRESS AT WELL LOCATION MW-123
 MAILING ADDRESS 4349 DUFFER DRIVE STE/601 SITE 5T-44
NELLIS A.F.B. NEV. 8991-7007
 2. LOCATION S.W. 1/4 NW 1/4 Sec 10 T. 20 N. R. 62 E. CLARK County
 PERMIT NO. 140101001 Parcel No. NELLIS A.F.B. 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 SANITIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>LT BRN CLAY, SILTY</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>CAULICH & GRAVEL</u>		<u>6</u>	<u>9.5</u>	<u>3.5</u>
<u>BR. SILTY FINE SAND</u>		<u>9.5</u>	<u>17</u>	<u>7.5</u>
<u>CLAY</u>				
<u>BRN. SILTY CLAY WITH</u>				
<u>CAULICH</u>		<u>17</u>	<u>47</u>	<u>30.8</u>
<u>LT. BRN FINE SANDY</u>	<u>WET</u>	<u>47</u>	<u>54.5</u>	<u>7.5</u>
<u>CLAY</u>				
<u>BRN. SILTY CAULICH</u>		<u>54.5</u>	<u>67</u>	<u>12.5</u>

8. WELL CONSTRUCTION
 Depth Drilled 67 Feet Depth Cased 65 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 67 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 7/8</u>	<u>SC140</u>	<u>PVC</u>	<u>0</u>	<u>65</u>

Perforations:
 Type perforation SLOTTED
 Size perforation 1.010
 From 35 feet to 65 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 33 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 35 feet to 65 feet

9. WATER LEVEL
 Static water level 42.25 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 PROSAIL CORP Contractor
 Address 12464 M'CALL DR. Contractor
SANTA FE SPRINGS CA.
 Nevada contractor's license number issued by the State Contractor's Board 0051765
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2303
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10/26/06

Date started 10/3/06, 20 _____
 Date completed 10/3/06, 20 _____

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			

DCNR/DWR
 RECEIVED

NOV 3 2006

LAS VEGAS OFFICE