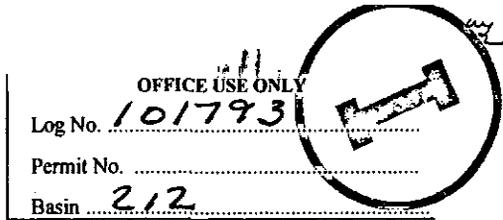


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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



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. **30350**

1. OWNER **RICHMOND AMERICAN HOMES NEVADA** ADDRESS AT WELL LOCATION **1660 N GATEWAY RD**
 MAILING ADDRESS **9970 W CHEYENNE AVE #100** **LAS VEGAS, NV**
LAS VEGAS, NV 89129

2. LOCATION **SW 1/4 SE 1/4 Sec 19 T 20 S R 62 E** **CLARK** County
 PERMIT NO. **140-19-802-009**

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 |
|--|--------------|------|----|------------|
| Plug 1 domestic well | | | | |
| Depth 148' | | | | |
| Casing 8 5/8" | | | | |
| Static water level 15' | | | | |
| Perforate from 148' to 50' | | | | |
| Trimmie 3 yards of W171 slurry to top of well. | | | | |
| <i>Plugging of Log 55311</i> | | | | |
| JCNR/DWR RECEIVED | | | | |
| DEC 05 2006 | | | | |
| LAS VEGAS OFFICE | | | | |

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: _____
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured 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 **ALLEN DRILLING INC**
 (CONTRACTOR)
 Address **4015 West Tompkins Ave**
 (CONTRACTOR)
Las Vegas, NV 89103
 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 **1301**
 Signed *Allen*
 By driller performing actual drilling on site or contractor
 Date **11/29/06**

Date started **11/28, 20 06**
 Date completed **11/28, 20 06**

7. WELL TEST DATE

| TEST METHOD: | 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 | | | |