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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. 28876

1. OWNER ED MORASLYZK ADDRESS AT WELL LOCATION 4645 W. TROPICANA AVE LAS VEGAS NV
 MAILING ADDRESS 382 W. CHESTNUT ST. WASHINGTON PA 15309
 2. LOCATION NW 1/4 NW 1/4 Sec. 21 T. 21 N/S R. 61 E. CLARK County
 PERMIT NO. 162-30-101-008 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
REMOVED WELL BORES PULLED/ATTEMPTED TO PULL BYLINE 2" FILLED FROM BOTTOM TO TOP W/ BENTONITE CLAYS CEMENT SEAL ABOVE				
JONR/DWA RECEIVED DEC 08 2006				
MAP DATUM WGS84 LAS VEGAS OFFICE				
SP5 36° 06, 004N 115° 12, 243W				
SP7 36° 05, 975N 115° 12, 244W				
SP9 36° 05, 969N 115° 12, 246W				
SP1 36° 05, 955N 115° 12, 255W				
SP8 36° 05, 957N 115° 12, 272W				
SP10 36° 05, 950N 115° 12, 273W				
SP6 36° 05, 973N 115° 12, 280W				
HW 11 36° 05, 970N 115° 12, 280W				
SP4 36° 05, 978N 115° 12, 280W				
VE2 36° 05, 988N 115° 12, 281W				
SP1 36° 05, 981N 115° 12, 262W				
SP3 36° 05, 991N 115° 12, 258W				

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

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

Date started 11/21, 2006
 Date completed 11/22, 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 EAGLE DRILLING SERVICES LLC Contractor
 Address 7150 PARADISE LAS VEGAS NV 89119 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 11/22/06