

OFFICE USE ONLY
 Log No. 103386
 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. 26711

1. OWNER COUNTY OF CLARK (PK & COMM. SERV.) ADDRESS AT WELL LOCATION 7050 WETLANDS PARK LN. LAS VEGAS, NEVADA 89122
 MAILING ADDRESS 7050 WETLANDS PARK LN. LAS VEGAS, NEVADA 89122
 2. LOCATION NE 1/4 SW 1/4 Sec. 23 T 21 N R 62 E CLARK County
 PERMIT DW-1314A 161-23-301-002 Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-------------------------------------|--------------|------|----|------------|
| <u>20 WELLS</u> | | | | |
| <u>EXTRACTED CASINGS AND FILLED</u> | | | | |
| <u>BOREHOLE FROM -10 TO SURFACE</u> | | | | |
| <u>WITH CONCRETE</u> | | | | |
| <u>DCNR/DWR RECEIVED</u> | | | | |
| <u>AUG 21 2007</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
 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

Date started JULY 19, 2007, 19____
 Date completed JULY 19, 2007, 19____

7. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 & COSTCO Contractor
 Address 5175 CLAY WYOMING, MI. 49548 Contractor
 Nevada contractor's license number 50826 issued by the State Contractor's Board.
 Nevada driller's license number issued by the ABDS 249 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-4-07