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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. 34721

1. OWNER MONTE + ANNETTE BROWN ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 7485 BUCKSKIN _____
LV. NV. 89129 _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 31 T. 24 N/S R. 58 E. CLARK County _____
 PERMIT NO. 202-31-000-004 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
Gravel		0	10	
Rock Rubbel		10	230	
Limestone Rock		230	570	
Red Rock		570	590	
Limestone Rock		590	665	
Red Rock		665	670	
Limestone Rock		670	680	
Red Rock		680	690	
Limestone Rock		690	1135	
Red Rock		1135	1190	
Limestone Rock		1190	1230	
Limestone Rock water		1230	1240	
Sandstone Red		1240	1250	
Sandstone yellow water		1250	1260	
N 35° 48' 37.8				
W 115° 30' 54.2				
Npd 27				
RECEIVED JAN 16 2008 LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 1260 Feet Depth Cased 1260 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>12 1/4</u>	0	50
<u>10</u>	50	1260

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>+1</u>	<u>280</u>
<u>6 5/8</u>	<u>12.94</u>	<u>.188</u>	<u>-1</u>	<u>1260</u>

Perforations:
 Type perforation TARCH
 Size perforation 1/8 x 8" 4 Times Around
 From 1150 feet to 1250 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 50
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 1147 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality _____

Date started 11-26-07, 20 _____
 Date completed 01-09-08, 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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Vernon H. Dimick Contractor
 Address 5360 N. BONITA VISTA ST. LAS VEGAS, NEV. 89149
 Nevada contractor's license number issued by the State Contractor's Board 10062
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552
 Signed VH Dimick
 By driller performing actual drilling on site or contractor
 Date 01-16-08