

001712
 PRINT OR TYPE ONLY 3 WELLS
 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. 33249

1. OWNER Basil Environmental Co LLC ADDRESS AT WELL LOCATION No Address
 MAILING ADDRESS 875 W WARM SPRINGS HENDERSON NV

2. LOCATION SE 1/4 SE 1/4 Sec. 11 T. 22 N/S R. 62 E. CLARK County
 PERMIT NO. 178-11-501-006 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
<u>4" STEEL MOUNTED WEALS</u>				
<u>① WELL TAPED TO 150' BGL, ATTEMPT TO PULL PERFORATED FROM 145' 4 TIMES EVERY 2" TO 10' BGL TROMMLED NEAT CEMENT FROM BOTTOM TO TOP</u>				
<u>② WELL TAPED TO 91' BGL, PULLED CASING, TROMMLED NEAT CEMENT FROM BOTTOM TO TOP</u>				
<u>③ WELL TAPED TO 53' BGL, ATTEMPT TO PULL, PERFORATED FROM 52' BGL TO 10' BGL 4 TIMES EVERY 2" TROMMLED NEAT CEMENT FROM BOTTOM TO TOP</u>				
<u>MAP DATUM W6584</u>				
<u>36° 02.771N 115° 00.867W</u>				
<u>36° 02.783N 115° 00.866W</u>				
<u>36° 02.784N 115° 00.872W</u>				
<u>FACILITY ID #</u>				
<u>H-000688</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date started 1/28, 2008
 Date completed 2/25, 2008

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

DCNR/DWR RECEIVED
 MAR 05 2008
LAS VEGAS OFFICE

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 EMIG DRILLING SERVICES LLC Contractor
 Address 7150 PEACOCK ST 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-2072
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2/25/08