

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. 33252

1. OWNER T-UHR LLC ADDRESS AT WELL LOCATION 900 S. FREMONT ST. LAS VEGAS NV
 MAILING ADDRESS 1 MAIN ST LAS VEGAS NV
 2. LOCATION 56 1/4 NE 1/4 Sec. 34 T. 20 N/S R. 61 E CLARK County
 PERMIT NO. 139-34-612-059 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 MSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ASPHALT		0	10"	10"
TYPE II SILTY CLAY		10"	25"	1'8"
CLAY		25"	6"	35"
CLAY		6"	10"	4"
CLAY SILT		10"	21"	11"
CLAY		21"	23"	2"
WEAK CASHEM		23"	26"	3"
SILTY CLAY		26"	40"	14"
AS 1: 1.5" OD x 18.0 L SARGO POINT ARM 37.5' 1.0" ID SC480 PVC				
AS 2: 1.5" OD x 18.0 L SARGO POINT ARM 87.5' 1.0" ID SC480 PVC				
VES: 4.25" OD SC440 PVC, 020 SCREEN (10') 4.25" OD SC440 PVC CASING (5')				
MAP DATUM <u>WGS 84</u> <u>36° 10' 11" N 115° 08' 06" W</u>				
FACILITY ID# <u>8-600377</u>				
Triple Completion <u>alg</u>				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 39 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 1/2 Inches To 0 Feet 40 Feet
 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)
1.5"		SC480 PVC	39	0
1.5"		SC480 PVC	29	0
4.25"		SC440 PVC	15	0

Perforations:
 Type perforation MACHINE SECT
 Size perforation 1.020
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 15 feet to 5 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 3 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 40 / 30 / 15.5 feet to 35 / 25 / 3 feet

9. WATER LEVEL
 Static water level 17 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 EAGLE DRILLING SERVICES LLC
 Address 7150 PLAIN ST. LAS VEGAS NV. 89119
 Nevada contractor's license number 51266 issued by the State Contractor's Board
 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 2/29/08

Date started 2/22, 2008.
 Date completed 2/22, 2008.

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Drawdown (Feet)	Time (Hours)

DCNR/DWR RECEIVED
 MAR 05 2008
LAS VEGAS OFFICE