

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 104960
 Permit No. _____
 Basin 212

NOTICE OF INTENT NO. 33279

PRINT OR TYPE ONLY

1. OWNER PICERNE HARBOUR CENTENNIAL LLC ADDRESS AT WELL LOCATION 90 E REGENA AVE
 MAILING ADDRESS 20325 N 51ST AVE #134 LAS VEGAS, NV
GLENDALE, AZ 85308-5677

2. LOCATION NE 1/4 NE 1/4 Sec 27 T 19 S R 61 E CLARK County

PERMIT NO. 124-27-503-002
 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
Plug 1-domestic well				
Depth 186'				
Casing 8 5/8"				
Static water level 10'				
Perforate from 50' to bottom.				
Trimmie 2.5 yards of W171 slurry to surface				
<u>WGS 84</u>				
<u>N36.16.491'</u>				
<u>W115 08.330</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	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
 From _____ feet to _____ feet
 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

**DCNR/DWR
 RECEIVED**

MAR 05 2008

LAS VEGAS OFFICE

7. WELL TEST DATE

TEST METHOD: Balet Pump Air Lift
 Draw Down (Feet Below Static) Time (Hours)

G.P.M. _____

Date started 1/28, 20 08
 Date completed 1/31, 20 08

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 ALLEN DRILLING INC. (CONTRACTOR)
 Address 4015 WEST TOMPKINS AVE. (CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 18916 & 18917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2231

Signed Vista Allen
 By driller performing actual drilling on site or contractor
 Date 2/28/2008

MAR 17 2008

JMT/ME

LAS VEGAS OFFICE