

003813
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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. 83531

1. OWNER SEWER SERVICE ROSSDALE TRACT SOLUMBERG TR. WILSON TR. ADDRESS AT WELL LOCATION 333 E CHARLSTON BLVD LAS VEGAS NV
 MAILING ADDRESS P.O. BOX 5015 BUENA PARK CA. 90622-5015
 2. LOCATION SW 1/4 SW 1/4 Sec. 34 T. 20 N. R. 61 E. CLARK County
 PERMIT NO. 139-34-410-137 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 MSR

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|------------------------|--------------|-------------|-------------|------------|
| <u>ASPHALT</u> | | <u>0</u> | <u>0.2</u> | <u>0.2</u> |
| <u>TYPE II CLAY</u> | | <u>0.2</u> | <u>1.5</u> | <u>1.3</u> |
| <u>CLAY</u> | | <u>1.5</u> | <u>9.5</u> | <u>8</u> |
| <u>CLAY</u> | | <u>9.5</u> | <u>11.5</u> | <u>2</u> |
| <u>CLAY</u> | | <u>11.5</u> | <u>13.5</u> | <u>2</u> |
| <u>SILTY CLAY SAND</u> | <u>13.5</u> | <u>13.5</u> | <u>23</u> | <u>9.5</u> |
| <u>CLAY</u> | | <u>23</u> | <u>33</u> | <u>10</u> |
| <u>SILTY CLAY</u> | | <u>33</u> | <u>36</u> | <u>3</u> |

MAP DATUM WGS 84
PEW-5 36°09.532N 115°08.951W
FACILITY ID # 8-001049

8. WELL CONSTRUCTION
 Depth Drilled 36 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 1 1/2 Inches To 0 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>4.25</u> | | <u>SC440 PVL</u> | <u>35</u> | <u>0</u> |

Perforations:
 Type perforation MACHINE SLOTT
 Size perforation 0.020
 From 35 feet to 10 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 8' Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 36 feet to 0 feet

9. WATER LEVEL
 Static water level 13.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 5/30 2008
 Date completed 5/30 2008

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 | | | |
| | | | |
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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 Contractor
 Address 7150 PLACID 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-2272
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 6/09/08