

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 113388
 Permit No. _____
 Basin _____

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **35514**

1. OWNER **COUNTY OF CLARK**
 MAILING ADDRESS **500 S. Grand Central Pkwy**
LAS VEGAS, NV 89155

ADDRESS AT WELL LOCATION _____

2. LOCATION **NE 1/4 NE 1/4 Sec 26 T 21 S R 62 E** **CLARK** County

PERMIT NO. **DW1305** **161-26-101-008**

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 **auger**

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|----------------------------|--------------|-----------|------------|------------|
| I-Dewatering wells | | | | |
| Silt and small rock | | 0 | 8' | 8' |
| Silty | xx | 8' | 40' | 32' |
| WGS84 | | | | |
| N36 06. 040' | | | | |
| W115 01. 456' | | | | |

8. WELL CONSTRUCTION

Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **0** Feet **40** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 14 | 36.71 | 0.250 | 0 | 40 |

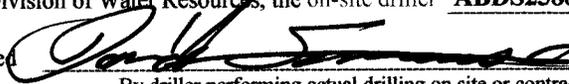
Perforations:
 Type perforation **Machine**
 Size perforation **1/4"x2.5"x21 per ft.**
 From **20** feet to **40** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **0** feet to **40** feet

9. WATER LEVEL

Static water level **8'** 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 **0018916 & 0018917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2388**
 Signed 
 By driller performing actual drilling on site or contractor
 Date **December 21, 2010**

7. WELL TEST DATE

Date started **11/22**, 20 **10**
 Date completed **11/22**, 20 **10**

| TEST METHOD: | <input type="checkbox"/> Bailer | <input type="checkbox"/> Pump | <input type="checkbox"/> Air Lift |
|--------------|---------------------------------|-------------------------------|-----------------------------------|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |
| | | | |

DCNR/DWR RECEIVED
JAN 07 2011
LAS VEGAS OFFICE