

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. 77546
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 18531

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Michelin Family Trust ADDRESS AT WELL LOCATION 185 E. Flamingo, Las Vegas, NV
 MAILING ADDRESS 3625 S. Polaris Las Vegas, NV 89103
 2. LOCATION NE 1/4 NW 1/4 Sec. 21 T T21S N/S R R61E E Clark County
 PERMIT NO. 162-21-102-002 Parcel No. CB-1 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 |
|------------------------------------|--------------|------|----|------------|
| Fill - Asphalt over aggregate base | | 0 | 1 | 1 |
| Silty sand | | 1 | 4 | 3 |
| Caliche | | 4 | 7 | 3 |
| Silty sand | | 7 | 11 | 4 |
| Caliche | | 11 | 13 | 2 |
| Sand with clay | | 13 | 17 | 4 |
| Clayey sand | | 17 | 19 | 2 |

8. WELL CONSTRUCTION
 Depth Drilled 19 Feet Depth Cased 19 Feet
 HOLE DIAMETER (BIT SIZE)
 From 5 Inches To 19 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2.375</u> | <u>0.64</u> | <u>0.154</u> | <u>0</u> | <u>19</u> |

Perforations:
 Type perforation Factory slot
 Size perforation 0.020
 From 4 feet to 19 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-1'(Bentonite 1-3') Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 3 feet to 19 feet

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 Don Wilson c/o Converse Consultants Contractor
 Address 731 Pilot Road, Suite H Contractor
Las Vegas, NV 89119
 Nevada contractor's license number issued by the State Contractor's Board 48947
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1589
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 12/10/99

Date started 9/10/1999, 19
 Date completed 9/10/1999, 19

7. WELL TEST DATA

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

