

OFFICE USE ONLY
 Log No. 77881
 Permit No. _____
 Basin. 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 19419
3514 E. Tropicana

1. OWNER Priscilla Schwartz ADDRESS AT WELL LOCATION 3514 E. Tropicana Ave., LV, NV
 MAILING ADDRESS 3790 S. Paradise Rd. #250 LV, NV 89109
 2. LOCATION SW 1/4 SW 1/4 Sec. 19 T. 21 N/S R. 62 E Clark County
 PERMIT NO. 161-19-403-012 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 |
|------------|--------------|------|----|------------|
| Fill | | 0 | 4 | 4 |
| Sandy Clay | | 4 | 6 | 2 |
| Caliche | | 6 | 8 | 2 |
| Sandy Clay | | 8 | 43 | 35 |

8. WELL CONSTRUCTION
 Depth Drilled 43 Feet Depth Cased 41 Feet
 HOLE DIAMETER (BIT SIZE)
6 Inches ^{From} 0 Feet ^{To} 43 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</u> | | | <u>0</u> | <u>41</u> |

 Perforations:
 Type perforation slotted Schedule 40
 Size perforation 0.010
 From 21 feet to 41 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 13 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 15 feet to 43 feet

Date started 12-4, 1999
 Date completed 12-4, 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

9. WATER LEVEL
 Static water level 32.8 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 _____ Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-30-99