

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

OFFICE USE ONLY
 Log No. 84870
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 22502

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER BROADBENT & ASSOCIATES
 MAILING ADDRESS 3 West Pacific Ave
Henderson NV 89015
 ADDRESS AT WELL LOCATION 5100 Paradise Road L.V. NV
 2. LOCATION NE 1/4 SW 1/4 Sec. 27 T 21 N/S R 61 E Clark County
 PERMIT NO. 162-27-202-002
 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 MSR

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ASPHALT TYPE II</u>		<u>0</u>	<u>2"</u>	
		<u>0</u>	<u>3"</u>	
<u>SILT SAND</u>		<u>3</u>	<u>10</u>	
<u>Caliche</u>		<u>10</u>	<u>16</u>	
<u>SILTY CLAY</u>	<u>16</u>	<u>16</u>	<u>19</u>	
<u>Caliche</u>		<u>19</u>	<u>21</u>	
<u>Silty clay</u>		<u>21</u>	<u>23</u>	
<u>Clay Brown</u>		<u>23</u>	<u>27</u>	

8. WELL CONSTRUCTION
 Depth Drilled 27 Feet Depth Cased 27 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 27 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>sch 40</u>	<u>0</u>	<u>27</u>

Perforations:
 Type perforation machine
 Size perforation 0.20
 From 26 feet to 27 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 24
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 23 feet to 27 feet

27 AIR SPARGE WELLS

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

Date started Aug 7 2001 19_____
 Date completed Aug 8 2001 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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 LLC Contractor
 Address 7500 PLACID RD
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 2107
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10/11/01