

OFFICE USE ONLY
 Log No. **90953**
 Permit No. _____
 Basin **212**
25282

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. **8565 FOUR VIEWS ST.**

1. OWNER **DISTINCTIVE HOMES** ADDRESS AT WELL LOCATION **8565 FOUR VIEWS ST.**
 MAILING ADDRESS **2300 W SAHARA AVE #11** **LAS VEGAS, NV**
LAS VEGAS, NV 89102

2. LOCATION **SW NE 08 19 60 CLARK** County
 PERMIT NO. **125-08-604 002** 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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| Plug 8" domestic well | | | | |
| Casing size 8" | | | | |
| Depth 300' | | | | |
| Static water level 230' | | | | |
| Perforate from 289' to 50' | | | | |
| Trimmie 7 yards of W171 slurry to top. | | | | |
| PLUGGING OF LOG # 35568 | | | | |
| DCNR/DWR RECEIVED | | | | |
| SEP 25 2003 | | | | |
| LAS VEGAS OFFICE | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

_____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started **9/4/03** 20
 Date completed **9/19/03** 20

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 _____ 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.

ALLEN DRILLING INC.
 Name _____
 Address **4015 WEST TOMPKINS AVE.**
LAS VEGAS, NV 89169 tractor

Nevada contractor's license number **18917**
 issued by the State Contractor's Board.

Nevada driller's license number issued by the **1301**
 Division of Water Resources, the on-site driller _____

Signed *Fred B. Allen*
 By driller performing actual drilling on site or contractor
 Date **9/23/03**