

OFFICE USE ONLY
Log No. 90989
Permit No. 2173
Basin 2173

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 24501

1. OWNER Carol Bailey, Rebel Oil Corp ADDRESS AT WELL LOCATION 1791 W ANAHEIM BLVD
MAILING ADDRESS 2200 S HIGHWAY DR LAS VEGAS NV 89109-4694 LAS VEGAS NV County
2. LOCATION SEC 1/4 SW 1/4 Sec 33 T 3620 N6R 101 E CLARK Parcel No. 13933416 0021 PERMITS STATION # 135 County
PERMIT NO. _____ Issued by Water Resources _____ Subdivision Name _____

3. WORK PERFORMED New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>PRESSURE GRAB</u>		<u>0</u>	<u>25</u>	
<u>WELL LOGBOX</u>				
<u>OUT BOX</u>				
<u>CONCRETE SURFACE</u>				

8. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

6 Inches From 5 Feet To 25 Feet

_____ Inches From _____ Feet To _____ 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

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

Depth of Seal _____

Placement Method: Pumped Concrete Grout Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface

Artesian flow _____ G.P.M.

Water temperature _____ °F Quality _____ P.S.I.

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDDG EXPLORATION Contractor
Address 1421 S 34TH AVE Contractor
PHOENIX AZ, 85004

Nevada contractor's license number 00012858
Issued by the State Contractor's Board.

Nevada driller's license number issued by the Division of Water Resource, the on-site driller NA2183

Signed [Signature] By driller performing actual drilling on site or contractor
Date 5/28/05

Date started 5/28/05 20
Date completed 5/28/05 20

7. WELL TEST DATA

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