

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. 90996
Permit No. 212
Basin 212

NOTICE OF INTENT NO. 21561

**PRINT OR TYPE ONLY
DO NOT WRITE ON BACK**

1. OWNER CARL BILLY REPPEL OIL CORP ADDRESS AT WELL LOCATION 1721 W. CHARLESTON BLVD LAS VEGAS NV 89102-9109 COUNTY CLARK
 2. LOCATION SE 1/4 SW 1/4 Sec. 33 T. 32N R. 30E PARCEL NO. 13933-100-002 PERMIT # 105 SUBDIVISION NAME _____

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other _____

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Cable
 Air
 Rotary
 Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>PERFORATION PRESSURE CEMENT</u>			<u>0</u>	<u>25</u>
<u>WELL BOREHOLE</u>				
<u>CONCRETE SURFACE</u>				

8. WELL CONSTRUCTION

Depth Drilled 25 Feet HOLE DIAMETER (BIT SIZE) _____ Feet

6 Inches From 0 To 25 Feet
_____ Inches From _____ To _____ Feet
_____ Inches From _____ To _____ Feet

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
 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

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 WDC EXPLORATION
 Address 1421 S 34TH AVE
 Contractor PHOENIX A2 85009

Nevada contractor's license number 0013052
 issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2188

Signed _____
 By driller performing actual drilling on site or contractor

Date 5/27/05

Date started 5/27/05, 20____
 Date completed 5/27/05, 20____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M. (Feet Below Static)			Time (Hours)