

PRINT OR TYPE ONLY
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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. 21131

1. OWNER CLARK CO. ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 500 S. GRAND CENTRAL PKY
LAS VEGAS, NEVADA 89155

2. LOCATION SE 1/4 SE 1/4 Sec. 27 T. 21 N. R. 62 E. CLARK County
PERMIT NO. DW 1155 Parcel No. 161-27-896-002 Subdivision Name NA

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 BUCKET

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-------------------------------|--------------|------|----|------------|
| INTENT TO DRILL 30 WELLS | | | | |
| ONLY 18 COMPLETED @ THIS TIME | | | | |
| CLAY w/ GRAVEL LENSES | | 0 | 32 | 32 |

8. WELL CONSTRUCTION
Depth Drilled 32 Feet Depth Cased 32 Feet

HOLE DIAMETER (BIT SIZE)
From 20 Inches To 0 Feet 32 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 12 | 14 | .250 | 0 | 12 |

Perforations:
Type perforation LOUVERED
Size perforation .040
From 12 feet to 32 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 10' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 10 feet to 32 feet

9. WATER LEVEL
Static water level 6 feet below land surface
Artesian flow NO G.P.M. _____ F.S.I. _____
Water temperature _____ °F Quality _____

Date started FEBRUARY 10, 2003, 19____
Date completed JULY 10, 2003, 19____

7. WELL TEST DATA

| TEST METHOD: | TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 KELLE DEWATERING CONSTRUCTION CO. Contractor
Address 5175 CLAY WYOMING, MICH. 49548 Contractor
Nevada contractor's license number issued by the State Contractor's Board ABDS 2149
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 50826
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 10-3-03