

OFFICE USE ONLY
 Log No. 92575
 Permit No. 212
 Basin 212

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. 25639

1. OWNER D. Keith ADDRESS AT WELL LOCATION 5757 WAYNE NEWTON BLVD.
LAS VEGAS, NV
 MAILING ADDRESS P.O. Box 31611
HQ-7FM Dallas TX
 2. LOCATION NW 1/4 NW 1/4 Sec. 34 T. 21 N/S R. 1E County CLARK
 PERMIT NO. 162-34-101-001 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 ISA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>TYPE II Fill</u>		<u>00</u>	<u>25</u>	<u>25</u>
<u>SILTY SAND w/ GRAVEL</u>		<u>25</u>	<u>70</u>	<u>45</u>
<u>CLAY</u>		<u>70</u>	<u>90</u>	<u>20</u>
<u>SANDY GRAVEL</u>		<u>90</u>	<u>150</u>	<u>60</u>
<u>SILTY SAND w/ GRAVEL</u>		<u>150</u>	<u>300</u>	<u>150</u>
<u>GRAVEL + CLAY</u>		<u>300</u>	<u>450</u>	<u>150</u>

8. WELL CONSTRUCTION
 Depth Drilled 45-0 Feet Depth Cased 45-0 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 1/2 Inches To 0-0 Feet
 From 0-0 Feet To 45-0 Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4250</u>		<u>2 1/2</u>	<u>15-0</u>	<u>0-0</u>

Perforations:
 Type perforation MACHINE SLOTTED
 Size perforation .020
 From 15-0 feet to 45-0 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 1'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 45 feet to 12 feet

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

Date started 11/24, 2003
 Date completed 11/24, 2003

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name CABLE DRILLING SERVICES Contractor
 Address 750 PLAIN ST. Contractor
LAS VEGAS, NV 89109
 Nevada contractor's license number issued by the State Contractor's Board 57266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2202
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-28-04