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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. 26402

1. OWNER MCF 112 BMI Remediation ADDRESS AT WELL LOCATION Warm Springs + Pabco Rd.
 MAILING ADDRESS 875 Warm Springs Rd. Henderson, NV 89015
 2. LOCATION NE 1/4 NE 1/4 Sec. 5 T 22 N 63 E _____ County
 PERMIT NO. 179-05-502-001 Parcel No. _____ Subdivision Name BMI

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
GRAVEL		0	14	14'
SAND & GRAVEL		14	50	36'
SILTY SAND		50	60	10'
SILTY SAND & SILT		60	115	55'
SILT		115	250	135'
SILTY SAND		250	255	5'
SILT		255	400	145'

8. WELL CONSTRUCTION
 Depth Drilled 400' Feet Depth Cased 370' Feet
 HOLE DIAMETER (BIT SIZE)
 From 9 7/8 Inches To 400 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/2</u>		<u>SC 80</u>	<u>0</u>	<u>370</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation R10
 From 350 feet to 370 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 342 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 345 feet to 373 feet

9. WATER LEVEL
 Static water level 65.57 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 & Wells
 Address 1421 S. 39th Ave
Phoenix, AZ 85009
 Nevada contractor's license number 0012852
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the M-1747
 Division of Water Resources, the on-site driller.
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 4/2/04

Date started 3/31 2004
 Date completed 4/14 2004

7. WELL TEST DATA

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

DCNR/DWR
 RECEIVED
 MAY 10 2004
 LAS VEGAS OFFICE