

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 94073
 Permit No. 212218
 Basin 212218

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. 26638

PRINT OR TYPE ONLY

1. OWNER COMMONSITE INC.
 MAILING ADDRESS P.O. BOX 230
LAS VEGAS, NV 89125
 ADDRESS AT WELL LOCATION 501 WALLY KAY WAY
MOAPA, NV

2. LOCATION 1/4 SW 1/4 Sec 05 T 15 S R 66 E CLARK County

PERMIT NO. DW1582 042-05-401-005
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other Dewater
 4. PROPOSED USE Dewater
 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
4-Dewatering wells				
Cole/flyash		0	2	2
Type II brown dirt		2	3	1
brown & rocks	xx	3	6	3
light brown sandy clay		6	22	16
light brown sandy clay/rock caliche		22	26	16
		26	29	3
		29'		

8. WELL CONSTRUCTION
 Depth Drilled 29 Feet Depth Cased 29 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24" Inches 0 Feet 29 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14	26.71	.250		29

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5"x 3 ros @13
 From 10 feet to 29 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 0 feet to 29 feet

9. WATER LEVEL
 Static water level 4 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9/9, 20 04
 Date completed 9/10, 20 04

7. WELL TEST DATE

TEST METHOD:	Draw Down		Time (Hours)
	G.P.M.	(Feet Below Static)	
<input type="checkbox"/> Bailer			
<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 ALLEN DRILLING INC.
(CONTRACTOR)
 Address 4015 WEST TOMPKINS AVE
(CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 0018916 & 0018917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS2161
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9/20/04