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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. 26897

1. OWNER American NV Reality ADDRESS AT WELL LOCATION 690 Valley verde
 MAILING ADDRESS 901 N Green Valley Pkwy #20 Henderson, NV 89074
 2. LOCATION N 1/4 NE 1/4 Sec. 05 T. 22 S R. 62 E. Clark County
 PERMIT NO. 178-05-503-001 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Concrete		0	5	5
Type II		5	3	2.5
Sandy clay		3	10	7
Caliche		10	12	2
clay		12	30	18

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8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches 0 Feet 30 Feet
 To _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	PVC	sch 40	0	30

Perforations:
 Type perforation Factory slot
 Size perforation .020
 From 10 feet to 30 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 8 to surface Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 8 feet to 30 feet

9. WATER LEVEL
 Static water level 17 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 Elite Drilling Inc.
 Address 5115 S. Industrial rd. Las Vegas, NV 89118
 Nevada contractor's license number issued by the State Contractor's Board 0054931
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2059
 Signed Shu Gant
 By driller performing actual drilling on site or contractor
 Date 11-3-04

Date started Oct 15, 2004
 Date completed Oct 15, 2004

7. WELL TEST DATA

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)	