

OFFICE USE ONLY
 Log No. 94858
 Permit No. _____
 Basin 212
~~Log # 58608, WAVER # R1267~~
 NOTICE OF INTENT NO. 27451

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

1. OWNER Donald & Shirley Smith ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 268 E Robindale SAME
Las Vegas NV 89123
 2. LOCATION SW 1/4 NE 1/4 Sec. 09 T. 22 N. 61 E. Clark County
 PERMIT NO. WAVER R1267 177-09-606-009 Subdivision Name _____
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other plug

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 |
|---|--------------|------|----|------------|
| <u>Sampled bottom @ 159'</u> | | | | |
| <u>Hang-up at 134' E 137'</u> | | | | |
| <u>bailed 134' to 137'</u> | | | | |
| <u>WAVER # R-1267.</u> | | | | |
| <u>RAN TRIMMING LINE to 137'</u> | | | | |
| <u>pumped 3 yds. neat cement.</u> | | | | |
| <u>cut casing at surface owner request.</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 109' 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 W.O.C. exploration & wells. Contractor
 Address 570 corinthians way Contractor
North Las Vegas, NV 89030
 Nevada contractor's license number issued by the State Contractor's Board 0012852
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 2248 LT.O.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date Jan 14, 2005

Date started Dec 13, 2004
 Date completed Dec 29, 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

DCNR/DWR
 RECEIVED
 JAN 14 2005
 LAS VEGAS OFFICE