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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. 27579

1. OWNER KB Homes ADDRESS AT WELL LOCATION 275 W Barbara Lane, Las Vegas, NV
 MAILING ADDRESS 750 Pilot Rd Suite F Las Vegas, NV

2. LOCATION S2 1/4 SW 1/4 Sec 04 T. 23 N/S R 61 E Clark County
 PERMIT NO. 191-04-701-002 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| Removed Pump Attempted to pull casing Perforated casing from bottom 4' from per foot of well to 200 BGL Pumped neat cement from bottom of well utilizing tremie hose to the top of the well | | | | |
| Plugging of log #42011 DSB | | | | |
| DUNN/DWF RECEIVED FEB 07 2005 LAS VEGAS OFFICE | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | | To | |
|--------|-------|--------|-------|
| Inches | Feet | Inches | Feet |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Perforations:

Type perforation _____
 Size perforation Mills Knif
3/8 x 2"
 From 500 feet to 200 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 _____ 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 Eagle Drilling Contractor
 Address 7150 Placid Las Vegas, NV Contractor

Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2193

Signed Victor
 By driller performing actual drilling on site or contractor
 Date 02/03/05

Date started 12/17, 2004
 Date completed 12/29, 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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