

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

NOTICE OF INTENT NO. 216910

1. OWNER Nevada Power ADDRESS AT WELL LOCATION Reid Gardner
 MAILING ADDRESS 6220 W Sahara Ave 501 Walkway Way
Las Vegas, NV 89146 Moapa, NV 89025
 2. LOCATION NE 1/4 SW 1/4 Sec. 5 T. 15 N. 10 E. County Clark
 PERMIT NO. 04205301005 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 |
|--------------------------|--------------|-----------|-----------|------------|
| <u>Fly Ash</u> | | <u>0</u> | <u>5</u> | |
| <u>sand & gravel</u> | <u>18</u> | <u>5</u> | <u>18</u> | |
| <u>silty clay</u> | | <u>18</u> | <u>30</u> | |

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

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>4</u> | <u>PVC</u> | <u>sch 40</u> | <u>0</u> | <u>30</u> |

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
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 8 feet to 30 feet

9. WATER LEVEL
 Static water level 18 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started Feb 7th 2005
 Date completed Feb 7th 2005

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) | |
| | | | |
| | | | |
| | | | |
| | | | |

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 Contractor
 Address 4255 W. Post Rd. Contractor
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-1869
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 4/11/05