

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **96407**
 Permit No. _____
 Basin **212**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **27353**

1. OWNER **NEVADA DEVELOPMENT PARTNERS LP** ADDRESS AT WELL LOCATION **3170-S LAS VEGAS BLVD.**
 MAILING ADDRESS **727 W SEVENTH ST. #800** **LAS VEGAS, NV 7210**
LOS ANGELES, CA 90017-3715

2. LOCATION **SW 1/4 NE 1/4 Sec 09 T 21 S R 61 E** **CLARK** County
 PERMIT NO. **DW1189** **162-09-613-002**
 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
15-40' dewater wells				
Brown dirt & rock		0	8	8
Silt	x	8	12	4
White clay		12	14	2
Brown silty clay	xx	14	19	5
Brown clay		19	25	6
Brown silty clay		25	30	3
White silty clay		30	32	4
Brown silty clay		32	36	4
Caliche		36	40	4

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:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to **40** feet

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

Date started **3/21, 20 05**
 Date completed **3/29, 20 05**

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<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 **18916 & 18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**
 Signed *David [Signature]*
 By driller performing actual drilling on site or contractor
 Date **4/28/05**

DRILLING REVIEWED
MAY 09 2005
LAS VEGAS OFFICE