

PRINT OR TYPE ONLY
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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. **27444**

1. OWNER **Kevin & Sheila Roberts** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **2836 Candelaria Dr Henderson, NV 89074** **SAME.**
 2. LOCATION **NW 1/4 SE 1/4 Sec. 24 T. 22 N/S R. 61 E Clark** County
 PERMIT NO. **177-24-705-002** Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other: **plugging**

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 | Thickness |
|---|--------------|------|----|-----------|
| Sandstone bottom @ 230' | | | | |
| perforated pipe bottom to 50' above static water level to 100' | | | | |
| Remove cement slub & cut casing 2 1/2' below ground level | | | | |
| backfilled completed. | | | | |

PLUGGING OF 109# 57374

DCNR/DWR RECEIVED

MAR 29 2005

LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **230** 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 **50** feet to **230** 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 **150** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **March 11**, 20**05**
 Date completed **March 29**, 20**05**

7. WELL TEST DATA

| 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 **Ute Oil Co. Explorations & Wells** Contractor
 Address **570 Coronation Way North Las Vegas NV. 89030** Contractor
 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 **7248 LTV**
 Signed **[Signature]** by driller performing actual drilling on site or contractor
 Date **March 29 2005**