

8 wells

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 96673
 Permit No. _____
 Basin 212

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. 27992

1. OWNER Will Newbern ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 6950 _____
San Diego, CA 92166 _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 34 T. 20 N. R. 61 E. Clark County _____
 PERMIT NO. _____ Parcel No. 139-34-612-067 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 | Thickness |
|--|--------------|------|----|-----------|
| <u>Pulled casing then grout with concrete grout.</u> | | | | |
| <u>Abandoned - 1 - 4" well to 30 ft</u> | | | | |
| <u>7 - 2" well to 30 ft</u> | | | | |
| DCNR/DWR RECEIVED | | | | |
| JUN 06 2005 | | | | |
| LAS VEGAS OFFICE | | | | |

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

Date started _____, 20____
 Date completed _____, 20____

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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. WATER LEVEL

Static water level 11' 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 WDC Exploration & Wells Contractor
 Address 570 Corinthian Way Contractor
N. 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 2057

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6-05-05