

183501

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

96946
OFFICE USE ONLY
Log No. 96946
Permit No. _____
Basin 212
NOTICE OF INTENT NO. 27593

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

1. OWNER American West ADDRESS AT WELL LOCATION 6075
 MAILING ADDRESS 250 Pilot Rd Oleta Ave, Enterprise, NV
Las Vegas, NV
 2. LOCATION SW 1/4 NW 1/4 Sec. 24 T. 22 N/S R. 60 E Clark County
 PERMIT NO. 176-24-201-011 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|--------------|------|----|-----------|
| Removed Pump Attempted to Pull Casing Unsuccessful Perforated 6" Steel Casing 4 times per foot from a depth of 550' to a depth of 200' Utilizing a tremie Hose Pumped 7 yards of neat Cement from 550' to Surface | | | | |
| DCNR/DWR RECEIVED | | | | |
| JUL 11 2005 | | | | |
| PLUGGED BY GWMP ORIG PLUG LOG # <u>54880</u> | | | | |
| 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
 Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started April 15th, 2005
 Date completed July 1st, 2005

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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 Services LLC
 Address 2150 Placid
Las Vegas, NV
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 07/05/05