

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. 96977
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO: 29395

PRINT OR TYPE ONLY

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

1. OWNER SCP WARM SPRINGS LLC ADDRESS AT WELL LOCATION 7435 S EASTERN AVE.
 MAILING ADDRESS 2 VENTURE PLAZ #220 LAS VEGAS, NV
IRVINE, CA 92618

2. LOCATION NE 1/4 NE 1/4 Sec 11 T 22 S R 61 E CLARK County
 PERMIT NO. 177-11-511-007

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	Thick-ness
Plug 1-domestic well				
Depth 220'				
Static water level 28'				
Perforate from 220' to 50'				
Trimmie 4 yards of W171 with disposable trimmie pipe to top of well.				
PLUGGED BY GWMP ORIG/ PLUG LOG # _____				
DCNR/DWR RECEIVED				
JUL 20 2005				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____ 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 7/11, 20 05
 Date completed 7/12, 20 05

7. WELL TEST DATE

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	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 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 0018916 & 0018917
 Nevada driller's license number issued by the
 Division of Water Resources, the on-site driller 1301

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7/15/05