

OFFICE USE ONLY
 Log No. **97260**
 Permit No. _____
 Basin **163**

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 **28591**

1. OWNER **SILVINO VARGAS & SHELEE RITCHIE VARGAS** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **5007 NAFF RIDGE DR POLONA ST & LAVA AV LAS VEGAS NV 89131-3677** **SANDY VALLEY NV**
 2. LOCATION **NE 1/4 NW 1/4 Sec. 26 T. 24 N/S R. 56 E. CLARK** County
 PERMIT NO. **200-26-101-019** 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	Thick-ness
SANDY LOAM		0	3	3
CLAY		3	32	29
CALICHE		32	36	4
CLAY		36	58	22
CALICHE		58	64	6
CLAY		64	73	9
CALICHE	W.B	73	76	3
CLAY		76	88	12
CALICHE	W.B	88	92	4
CLAY		92	105	13
CALICHE	W.B	105	112	7
CLAY		112	132	20
CALICHE	W.B	132	138	6
CLAY		138	140	2

DCNR/DWR RECEIVED
 JUL 26 2005
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	4.33	.316	0	140

Perforations:
 Type perforation **SAW CUT**
 Size perforation **4" INCH BY 6" INCH**
 From **140** feet to **100** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement Cement Grout Concrete Grout
 Depth of Seal **50 FT**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **140** feet to **50** feet

Date started **7-13**, 20**05**
 Date completed **7-15**, 20**05**

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 **65 FT** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **60.2** °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 **BUDGET DRILLING CO** Contractor
 Address **P.O. Box 3505** Contractor
PARAN NV 89041
 Nevada contractor's license number issued by the State Contractor's Board **40020**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **7-15-2005**