

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. 98244

Permit No. _____

Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 28390

1. OWNER COUNTY OF CLARK (PUBLIC WORKS) ADDRESS AT WELL LOCATION 3045 W RICHMAR AVE
 MAILING ADDRESS 500 S. GRAND CENTRAL #2001 LAS VEGAS, NV

2. LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 20 T 22 S R 61 E CLARK County

PERMIT NO. 177-20-403-002
 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 |
|---|--------------|------|----|-----------|
| Plug 1 domestic well 8" | | | | |
| Depth 300' | | | | |
| Static water level at 190' | | | | |
| Perforate from 300'to140' | | | | |
| Trimmie 4 yards of W171 slurry to top of well. | | | | |
| PLUGGED BY GWMP ORIG/PLUG LOG # <u>27228</u> | | | | |
| DCNR/DWR RECEIVED DEC 19 2005 | | | | |
| LAS VEGAS OFFICE | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | To | From | To |
|--------------|------------|------------|------------|
| _____ Inches | _____ Feet | _____ Feet | _____ Feet |
| _____ Inches | _____ Feet | _____ Feet | _____ Feet |
| _____ Inches | _____ Feet | _____ 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 |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 11/1, 20 05
 Date completed 11/4, 20 05

7. WELL TEST DATE

| 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 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 18916 & 18917

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1307T

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 12/7/05