

PRINT OR TYPE ONLY
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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. 28783

1. OWNER Southern Nevada Water Authority ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1900 E. Flamingo Road. _____
LAS Vegas, NV 89119 _____
 2. LOCATION NW 1/4 NW 1/4 Sec. 2 T. 22 NDR. 61 E. Clark County _____
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. _____
 Street-light-of-way _____
 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 |
|---|--------------|------|----|-----------|
| Drilled out debris to 200 ft. | | | | |
| perforated casing from 200 ft back to surface. Cement grouted from bottom to surface with layflat hose. | | | | |
| DCNR/DWR RECEIVED | | | | |
| DEC 23 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

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started _____ 6/7/2005
 Date completed _____ 6/9/2005

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 Artesian _____ feet below land surface
 Artesian flow .10 G.P.M. 2 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 Contractor
 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 12-23-05