

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. 26924

1. OWNER MetroFlag Management ADDRESS AT WELL LOCATION 3755 S. LV Blvd
 MAILING ADDRESS 3755 Howard Hughes Pkwy
Las Vegas, NV 89109
 2. LOCATION NW 1/4 SW 1/4 Sec 21 T 21 N/S R 61 E Clark County
 PERMIT NO. 162-21-301-019 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt		0	0.5	0.5
Gravel		0.5	2	1.5
Sandy clay		2	17	15
Gravel		17	20	3
Caliche	23	20	23	3
Gravel w/clay		23	39	
Caliche		39	40'	

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Factory slot
 Size perforation .020
 From 20 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 18 to surface Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 18 feet to 40' feet

9. WATER LEVEL
 Static water level 23 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 Elite Drilling Inc. Contractor
 Address 4255 W. Post Rd. Contractor
Las Vegas, NV 89118
 Nevada contractor's license number issued by the State Contractor's Board 0054931
 Nevada driller's license number issued by the Division of Water Resources the on-site driller M-1869
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 1-25-04

Date started 1-25, 2006
 Date completed 1-25, 2006

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			

DCNR/DWR
 RECEIVED
 JAN 26 2006
 LAS VEGAS OFFICE