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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. 26922

1. OWNER Dr Horton ADDRESS AT WELL LOCATION SEC
 MAILING ADDRESS 3513 E. Russel rd. Las Vegas, NV 89120 Koval Ln. & Rochelle Ave Las Vegas, NV
 2. LOCATION SW 1/4 NE 1/4 Sec. 21 T. 21 N/S R. 61 E. Clark County
 PERMIT NO. 162-21-601-003 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Test Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	5	5
silty clay		5	13'	8
Gravel	X13	13'	23	10
clayee sand		23	30	7
clay		30	40	10

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 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 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)
2"	PVC	Sch 40	6	40

Perforations:
 Type perforation Factory slot
 Size perforation .020
 From 10 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 8ft. to surface Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 8 feet to 40 feet

9. WATER LEVEL
 Static water level 13 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.
 Address 4255 W. Post rd. 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-18-06

Date started Jan 2, 2006
 Date completed Jan 2, 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			