

COPIES TO  
 - DIVISION OF WATER RESOURCES  
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 - WELL DRILLER'S COPY

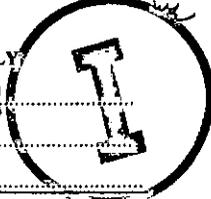
STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY  
 Log No. 988.02  
 Permit No. 212  
 Basin 212



PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 29743

1. OWNER CONCORDIA LAND LLC ADDRESS AT WELL LOCATION 6162 W. LEVI AVE.  
 MAILING ADDRESS 980 AMERICAN PACIFIC #100 LAS VEGAS, NV  
HENDERSON, NV 89014

2. LOCATION NE 1/4 NE 1/4 Sec 35 T 22 S R 60 E CLARK County  
 PERMIT NO. 176-35-501-019

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				
Depth 478'				
Static water level 315'				
Pull casing and perforate from 265' to 470'				
Cement well from 478' to 190' with 5 yards of W171 slurry.				
Filled w/rock from 190' to 30'.				
Pump 1 yard of cement grout from 30' to 0'.				
PLUGGED BY GWMMP ORIG/PLUG LOG # <u>42006</u>				
DCNR/DWR RECEIVED				
MAR 01 2006				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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

Date started 2/9, 20 06  
 Date completed 2/13, 20 06

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/>	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. WATER LEVEL

Static water level \_\_\_\_\_ 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 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 1301

Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 2/14/06