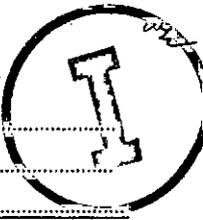


COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. 98804  
 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. 28420

1. OWNER COLMAN ALEX LLC ADDRESS AT WELL LOCATION 2840 W ALEXANDER RD  
 MAILING ADDRESS 7 PARADISE VALLEY CT N. LAS VEGAS, NV  
HENDERSON, NV 89052

2. LOCATION SW 1/4 SE 1/4 Sec 05 T 20 S R 61 E CLARK County

PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. 139-05-801-009 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	Thick-ness
Plug 1-domestic well				
Depth 250'				
Casing 8 5/8"				
Static water level @90'				
Pull casing and perforate from 249' to 50'				
Trimmie 7 yards of W171 slurry to top of well.				
DCNR/DWR RECEIVED				
MAR 03 2006				
LAS VEGAS OFFICE				
PLUGGED BY GWMP ORIG/ PLUG LOG # <u>53964</u>				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

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
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
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 \_\_\_\_\_

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)

Date started 1/30, 20 06  
 Date completed 2/3, 20 06

7. WELL TEST DATE

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

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 1301T

Signed Allen B. Allen  
 By driller performing actual drilling on-site or contractor

Date 2/27/06