

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. 98814
 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. 28418

1. OWNER COLMAN ALEX LLC ADDRESS AT WELL LOCATION 3703 COLEMAN ST
 MAILING ADDRESS 7 PARADISE VALLEY CT N. LAS VEGAS, NV
HENDERSON, NV 89052

2. LOCATION SW 1/4 NE 1/4 Sec 08 T 20 S R 61 E CLARK County

PERMIT NO. 139-08-602-004
 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| Plug 1-domestic well | | | | |
| Depth 102' | | | | |
| Casing 8 5/8" | | | | |
| Static water level @90' | | | | |
| Drill out trash and went through casing @ 102' | | | | |
| Perforate from 102' to 50' | | | | |
| Trimmie 5 yards of W171 slurry to top of well. | | | | |
| DCNR/DWR RECEIVED | | | | |
| MAR 03 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

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 1301T
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2/27/06

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

7. WELL TEST DATE

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