

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 28605

1. OWNER JAY + TERA CONNOR ADDRESS AT WELL LOCATION TRAILING ROSE ST. + OBSIDIAN AV.
 MAILING ADDRESS SANDY VALLEY AV.
 2. LOCATION NW 1/4 NE 1/4 Sec. 36 T. 24 N. R. 56 E. CLARK County
 PERMIT NO. 200-36-501-015 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 |
|------------|--------------|------|-----|------------|
| SANDY LOAM | | 0 | 8 | 8 |
| CLAY | | 8 | 28 | 20 |
| CALICHE | | 28 | 32 | 4 |
| CLAY | | 32 | 53 | 21 |
| CALICHE | | 53 | 58 | 5 |
| CLAY | | 58 | 70 | 12 |
| CALICHE | W.B | 70 | 78 | 8 |
| CLAY | | 78 | 92 | 14 |
| CALICHE | W.B | 92 | 97 | 5 |
| CLAY | | 97 | 118 | 21 |
| CALICHE | W.B | 118 | 125 | 7 |
| CLAY | | 125 | 135 | 10 |
| CALICHE | W.B | 135 | 140 | 5 |

DCNR/DWR
 RECEIVED
 FEB 24 2006
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 7/8</u> | <u>4.33</u> | <u>.316</u> | <u>0</u> | <u>140</u> |

Perforations:
 Type perforation SAW CUT
 Size perforation 1/8" INCH BY 6" INCH
 From 140 feet to 100 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50 FT.
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 140 feet to 50 feet

9. WATER LEVEL
 Static water level 6.3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality _____

Date started 1-27, 2006
 Date completed 2-1, 2006

7. WELL TEST DATA

| 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) |
| | | |
| | | |
| | | |
| | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BUDGET DRILLING CO. Contractor
 Address P.O. BOX 3505 PATRUMP NV Contractor
89041
 Nevada contractor's license number issued by the State Contractor's Board 40020
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1573
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-17-06