

COPIES TO

- DIVISION OF WATER RESOURCES
- CLIENT'S COPY
- 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. 100132
 Permit No. _____
 Basin 212

NOTICE OF INTENT NO. 30054

PRINT OR TYPE ONLY

1. OWNER ALEX COLEMAN LLC ADDRESS AT WELL LOCATION 3947 FUSELIER DR
 MAILING ADDRESS 7 PARADISE VALLEY CT N. LAS VEGAS, NV
ENDERSON NV 89052

2. LOCATION NW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 08 T 20 S R 61 E CLARK County

PERMIT NO. 139-08-501-002
 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 274'				
Casing 8 5/8"				
Static water level @90'				
Pull casing and perforate from 274'to 50'				
Trimmie 6 yards of W171 slurry to top of well				
Plugging of Orig Log # 54082				
DCNR/DWR RECEIVED				
JUL 10 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 _____

Date started 6/14, 20 06

Date completed 6/16, 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)	

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 7/6/06