

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. **100133**
 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. **30056**

1. OWNER **ALEX COLEMAN LLC** ADDRESS AT WELL LOCATION **4029 FUSELIER DR**
 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 **139-05-801-006** 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 300'				
Casing 8 5/8"				
Static water level @90'				
Pull casing and perforate from 296 to 50'				
Trimmie 6 yards of W171 slurry to top of well				
Plugging of log # 54068				
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 _____

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 **615, 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)

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 *Allen B. Allen III*
 By driller performing actual drilling on site or contractor
 Date **7/6/06**