

609612
 PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

21 WELLS

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 28878

1. OWNER BOB DENIMO ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 555 S. RENTON VILLAGE 4400 E. CHARLESTON BLVD
RENTON WA. LAS VEGAS NV
 2. LOCATION SW 1/4 SW 1/4 Sec. 32 T. 20 N/S R. 62 E. CLARK County
 PERMIT NO. 440-32-461-004 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 | Thickness |
|---|--------------|------|----|-----------|
| REMOVED WELL BOXES | | | | |
| REMOVED CASING | | | | |
| FILLED FROM BOTTOM TO P W/BENTONITE CHIPS | | | | |
| CEMENT ON TOP 9x4", 2x2" | | | | |
| ATTEMPTED TO PULL CASING | | | | |
| TREMMEED NEAT CEMENT FROM BOTTOM TO TOP | | | | |
| CEMENT SEAL ON TOP 1x8", 3x2", 6x4" | | | | |
| OCNR/DWR RECEIVED | | | | |
| DATE 8/24/06 | | | | |
| LAS VEGAS OFFICE | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| Inches | 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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

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 EAGLE DRILLING SERVICES LLC Contractor
 Address 7150 PLACID ST. Contractor
LAS VEGAS, NV. 89119

Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8/25/06

Date started 8/23, 2006
 Date completed 8/24, 2006

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |