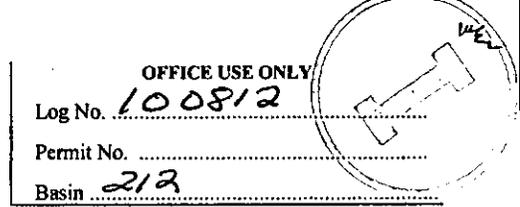


COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
 WELL DRILLER'S REPORT



OFFICE USE ONLY  
 Log No. 100812  
 Permit No. \_\_\_\_\_  
 Basin 212  
 NOTICE OF INTENT NO. 30324

PRINT OR TYPE ONLY

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

1. OWNER PN II INC. ADDRESS AT WELL LOCATION 5500 REBECCA RD.  
 MAILING ADDRESS 8345 W SUNSET RD LAS VEGAS, NV  
LAS VEGAS, NV 89113

2. LOCATION NW 1/4 NW 1/4 Sec 35 T 19 S R 60 E CLARK County  
 PERMIT NO. 125-35-101-008

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 234'				
Casing 8 5/8"				
Static water level 106'				
Perforate from 230' to 50'				
Trimmie 6 yards of slurry from bottom to top.				
<i>Plugging of Log 60560</i>				
DCNR/DWR RECEIVED				
SEP 19 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 9/1, 20 06  
 Date completed 9/1, 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 [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 9/15/06