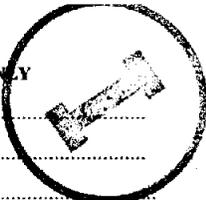


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 102812
 Permit No. 10713
 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. **30837**

1. OWNER **URBAN LOFTS X LTD**
 MAILING ADDRESS **4512 MONTROSE BLVD HOUSTON, TX 77006-5828**
 ADDRESS AT WELL LOCATION **1980 FREMONT ST LAS VEGAS, NV**

2. LOCATION **SW 1/4 SE 1/4 Sec 35 T 20 S R 61 E CLARK County**

PERMIT NO. **10713** **139-35-803-010**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE **Quasi**
 Domestic Irrigation Test Monitor
 Municipal/Industrial Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Plug 1 domestic well				
Dug down to top of well 8-10' below ground surface, removed plug from artesian well and installed trimmie pipe to refusal @ 285'. Pumped 8 yards of W171 cement slurry. Ordered 6 more yards and well accepted 4 of the 6 yards. This efficiently plugged the well and stopped the artesian flow. Check well five days later and found surface water however, well remained completely sealed. No artesian flow.				
Casing 8" surface casing w/6" liner OD Flow approx. 100 gal. per min.				
<i>Replugging of Log 51537</i>				
N36 09 .641				
W115 07 .355				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches Feet Feet Feet
 Inches Feet Feet Feet
 Inches Feet 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:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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)	

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)
 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 **51201**

Signed *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **May 31, 2007**