

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. 104173
 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. 31359

1. OWNER CHURCH LDS PRESIDING BISHOP ADDRESS AT WELL LOCATION 2275 E TROPICANA AVE.
 MAILING ADDRESS 50 E NORTH TEMPLE ST 22ND Floor LAS VEGAS, NV
SALT LAKE CITY, UT 84150-0002

2. LOCATION NW 1/4 NE 1/4 Sec 26 T 21 S R 61 E CLARK County

PERMIT NO. 162-26-502-001
 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 155'				
Casing 8 5/8"				
Static water level @ 14'				
Pull 10hp line shaft turbine pump from well.				
Casing non-existent from deterioration, offers no resistance to perforator. Installed trimmie and pumped 5 yards of W171 23 sack neat cement. the well was in a cement vault. 6' below ground surface. Vault 8x8x6' deep.				
<i>Plugging of Log 56086</i>				
DCNR/DWR RECEIVED				
WG584				
SEP 20 2007				
LAS VEGAS OFFICE				
N36 05.982'				
W115 07.461				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet	Feet
From _____	To _____		
_____	_____	_____	_____
_____	_____	_____	_____

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 _____	_____	_____

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

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ 14 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 MPDEW2343

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 9/18/2007

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			