

Log No. 105066  
 Permit No. \_\_\_\_\_  
 Basin. 212

086709  
 PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

*6 Wells*

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 33240

1. OWNER MISSION NEVADA INC ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 1100 FOREMASTER LN 1001 S. 12<sup>TH</sup> ST  
LAS VEGAS NV 89101 LAS VEGAS NV  
 2. LOCATION SW 1/4 SW 1/4 Sec. 34 T. 20 N/S R. 61 E CLARK County  
 PERMIT NO. 8-000655 139-34-401-011 Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_

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
REMOVED WELL BOXES				
PULLED CASING 2" X 25'				
FILLED FROM BOTTOM TO TOP WITH BENTONITE CHIPS				
CEMENT SEAL ON TOP				
MAP DATUM WGS 84				
36° 09.594N 115° 09.091W				
36° 09.587N 115° 09.084W				
36° 09.579N 115° 09.079W				
36° 09.610N 115° 09.098W				
36° 09.614N 115° 09.085W				
36° 09.614N 115° 09.113 W				
NOEP # 8-000655				

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	To
_____ feet to _____ feet	_____ feet to _____ feet
_____ feet to _____ feet	_____ feet to _____ feet
_____ feet to _____ feet	_____ feet to _____ feet
_____ feet to _____ feet	_____ feet to _____ feet

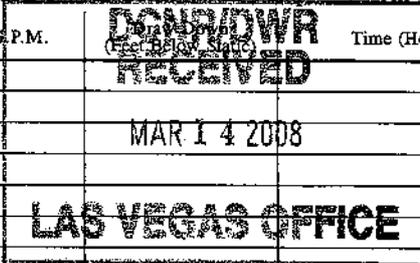
Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 12/21, 2007  
 Date completed 12/21, 2007

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Time (Hours)
_____	_____
_____	_____



9. WATER LEVEL

Static water level 17 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 EDGE DRILLING SERVICES LLC Contractor  
 Address 7150 PLANO 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-272  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 12/27/07