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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. 33259

1. OWNER SEILER SANORA RALSADATIA SCHUMACHER COLLEN K TR ADDRESS AT WELL LOCATION 333 E. CHARLSTON BLVD LAS VEGAS NV
 MAILING ADDRESS P.O. Box 5015 BUREAU PARK, CA 90622-5015
 2. LOCATION 5CU 1/4 SW 1/4 Sec. 34 T. 20 N. 61 E. CLARK County
 PERMIT NO. R-1406 Issued by Water Resources Parcel No. 137-34-410-137 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 USA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ASPHALT</u>		<u>0</u>	<u>13</u>	<u>13</u>
<u>TYPE II</u>		<u>13</u>	<u>1</u>	<u>1</u>
<u>Silty Clay w/ SAND</u>	<u>11</u>	<u>1</u>	<u>13</u>	<u>12</u>
<u>CLAY w/ GRAVEL</u>		<u>13</u>	<u>14</u>	<u>1</u>
<u>Silty CLAY</u>		<u>14</u>	<u>16</u>	<u>2</u>
<u>CLAY</u>		<u>16</u>	<u>24</u>	<u>8</u>
<u>Silty CLAY</u>		<u>24</u>	<u>38</u>	<u>14</u>

MAP DATUM WGS 84
PIW-1 36°09.547'N 115°08.962'W

FACILITY ID. # 8-001049

8. WELL CONSTRUCTION
 Depth Drilled 37 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 1/2 Inches To 37 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>		<u>5/16</u>	<u>35</u>	<u>0</u>

Perforations:
 Type perforation MAXIMUM SECT
 Size perforation .20
 From 35 feet to 10 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 8
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 37 feet to 8 feet

9. WATER LEVEL
 Static water level 11 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6/03, 2008
 Date completed 6/03, 2008

7. WELL TEST DATA

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name EPAGLE DRILLING SERVICES LLC Contractor
 Address 7150 RACIN ST LAS VEGAS NV 89119 Contractor
 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 6/09/08