

0098031
 PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

3 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. 33526

1. OWNER County of Clark (Amateur) (LAS VEGAS CON. LEASE) ADDRESS AT WELL LOCATION
 MAILING ADDRESS PO. Box 16987 5745 PARADISE RD
WASHINGTON DC 20041-6487 LAS VEGAS NV. 89119
 2. LOCATION NW 1/4 SW 1/4 Sec. 27 T. 21 N 61 E CLARK County
 PERMIT NO. 162-27-301-006
 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
<u>4"X26' WATER @ 19'</u>				
<u>REMOVED WELL BOX, PULLED CASING, TRIMMED NEAT CEMENT FROM BOTTOM TO TOP</u>				
<u>MAP DATUM FOR ALL WELLS WGS 84</u>				
<u>36° 05.426N 115° 09.081W</u>				
<u>4"X35' WATER @ 18'</u>				
<u>REMOVED WELL BOX, ATTEMPTED TO PULL CASING, TRIMMED NEAT CEMENT FROM BOTTOM TO TOP</u>				
<u>36° 05.424N 115° 09.081W</u>				
<u>4"X40' WATER @ 21'</u>				
<u>REMOVED WELL BOX, PULLED CASING, TRIMMED NEAT CEMENT FROM BOTTOM TO TOP</u>				
<u>36° 05.407N 115° 09.077W</u>				
<u>FACILITY ID #</u>				
<u>H-000-117</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 5/22 2008
 Date completed 5/22 2008

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	(Feet Below Static)	Time (Hours)

RECEIVED
 JUN 02 2008
 LAS VEGAS OFFICE

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 ETAC DRILLING SERVICES LLC Contractor
 Address 7150 PARADISE 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-2272
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5/27/08