

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 (Contractor) 4185 Furr Corp. Ltd.

MAILING ADDRESS P.O. Box 16987
 WASHINGTON DC 20041-6487

ADDRESS AT WELL LOCATION

5745 PARADISE RD
 LAS VEGAS NV. 89119

2. LOCATION NW 1/4 SW 1/4 Sec 27 T. 21

NOR 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

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 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
 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

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 5/27/8

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

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M. _____ Time (Hours) _____
 (Feet Below Surface)

RECEIVED
 JUN 02 2008
LAS VEGAS OFFICE