

OFFICE USE ONLY
 Log No. 848168
 Permit No. _____
 Basin 27
 NOTICE OF INTENT NO. 22502

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

1. OWNER BROADBENT & ASSOCIATES ADDRESS AT WELL LOCATION 5100 PARADISE ROAD L.V. NV
 MAILING ADDRESS 8 West Pacific AVE Henderson NV 89015

2. LOCATION NE 1/4 SW 1/4 Sec. 27 T. 21 N/S R. 61 E. CLARK County
 PERMIT NO. 162-27-202-002 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 MSD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ASPHALT TYPE JL</u>		<u>0</u>	<u>2"</u>	
		<u>0</u>	<u>3'</u>	
<u>SILT SAND</u>		<u>3</u>	<u>10</u>	
<u>CAVICHE</u>		<u>10</u>	<u>16</u>	
<u>SILTY CLAY</u>	<u>16</u>	<u>16</u>	<u>19</u>	
<u>CAVICHE</u>		<u>19</u>	<u>21</u>	
<u>SILTY CLAY</u>		<u>21</u>	<u>23</u>	
<u>CLAY BROWN</u>		<u>23</u>	<u>27</u>	

8. WELL CONSTRUCTION
 Depth Drilled 27 Feet Depth Cased 27 Feet

HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 27 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>sch 40</u>	<u>0</u>	<u>27</u>

Perforations:
 Type perforation machine
 Size perforation 020
 From 24 feet to 27 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 24
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 23 feet to 27 feet

Date started Aug 7 2001, 19____
 Date completed Aug 8 2001, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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 EAGLE DRILLING LLC Contractor
 Address 750 PLACID RD 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 2107
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 10/11/01