

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

NOTICE OF INTENT NO. 22711

1. OWNER Paul F. Taylor ADDRESS AT WELL LOCATION 1420 W. Bonanza Las Vegas NV
 MAILING ADDRESS Copaco Inc. 600 N. Dairy Ashert Houston TX 77029
 2. LOCATION NW 1/4 SW 1/4 Sec. 28 T. 20 N/S R. 61 E Clark County
 PERMIT NO. 139-28-703-008 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 HSA

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|----------------------|--------------|------|-------|------------|
| Asphalt | | 0 | 4" | 4" |
| Pea Gravel | | 4" | 7' | 6.50 |
| Clay w/sand | | 7' | 9' | 2.0 |
| Silt | | 9' | 13' | 4.0 |
| Caliche Gravel | | 13' | 16.5' | 3.5 |
| Silt | 16.5 | 16.5 | 19.0 | 2.5 |
| Caliche | | 19.0 | 20.0 | 1.0 |
| Silt w/sand & gravel | | 20.0 | 25.0 | 5.0 |

8. WELL CONSTRUCTION
 Depth Drilled 25.0 Feet Depth Cased 25.0 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 25.0 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>4.250</u> | | <u>Sch 40 PUC</u> | <u>0</u> | <u>25</u> |

Perforations:
 Type perforation Machine Slotted
 Size perforation 0.020
 From 2.5 feet to 10 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 2.5 feet to 8 feet

9. WATER LEVEL
 Static water level 16.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Clearing

Date started 09/15 2001
 Date completed 09/15 2001

7. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
|--|-------------------------------|--------------|--|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |
| | | | |
| | | | |

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 Services LTD Contractor
 Address 1750 Placid 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 2193
 Signed Walter Klein
 By driller performing actual drilling on site or contractor
 Date 05/17/02