

OFFICE USE ONLY
 Log No. 87328
 Permit No. 56615
 Basin 212

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. 23839

1. OWNER CLARK COUNTY (Public Works) ADDRESS AT WELL LOCATION Same as Grand Canyon
 MAILING ADDRESS 500 S GRAND CENTRAL PARK LAS VEGAS, NV. 89155
 2. LOCATION SW 1/4 SE 1/4 Sec. 19 T. 19 N/S R. 60 E CLARK County
 PERMIT NO. 56615-56615-125-19-801-002 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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|------------------------------------|--------------|------|-----|-----------|
| Perforation | | 600 | 250 | |
| Tremie New Cement | | 600 | 0 | |
| Approx 16 yd. New Cement | | | | |
| Original Parcel No. 125-19-801-002 | | | | |
| New Parcel No. 125-19-801-006 | | | | |
| Perforation 4 Sides 1/4 x 2 | | | | |
| West Well | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 605 Feet Depth Cased 605 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 60 Feet
 14 Inches 0 Feet 60 Feet
 12 Inches 60 Feet 605 Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 5/8 | | | | |

Perforations:
 Type perforation _____
 Size perforation _____
 From 565 feet to 583 feet
 From 525 feet to 543 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 425 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12/2 2002
 Date completed 12/6 2002

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 THOMAS DANN Contractor
 Address 70 Box 4220 Contractor
Palump NV 89091
 Nevada contractor's license number issued by the State Contractor's Board 47333
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas Dann
 By driller performing actual drilling on site or contractor
 Date 1-8-2003