

3 wells
STATE OF NEVADA

OFFICE USE ONLY
Log No. 98923
Permit No. 3
Basin 212

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY
038515
PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

DIVISION OF WATER RESOURCES
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. 28932

1. OWNER Mike Beasley
MAILING ADDRESS 9524 Camelback Rd. Glendale, AZ
ADDRESS AT WELL LOCATION Hwy, Las Vegas, NV
2. LOCATION NE 1/4 NE 1/4 Sec. 18 T. 21 N/S R. 62 E. Clark County
PERMIT NO. 161-18-501-003
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 |
|-----------------------------------|--------------|------|----|------------|
| Removed Well Vaults | | | | |
| Removed casing (4") | | 0 | 25 | |
| Removed casing | | | | |
| Grouted Boring From Bottom to Top | | | | |
| DCNR/DWR RECEIVED | | | | |
| MAR 01 2006 | | | | |
| LAS VEGAS OFFICE | | | | |

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
Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

Date started..... 01/05 2006
Date completed..... 01/05 2006

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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 Services Contractor
Address 7150 Placid 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 2193
Signed _____
By driller performing actual drilling on site or contractor
Date 02/28/06