

003609

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

Lowells

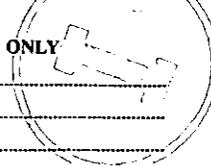
STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 99585

Permit No. _____

Basin 212



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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. 28866

1. OWNER Raymond G. Vase ADDRESS AT WELL LOCATION 3415 East Russell Rd Las Vegas NV
 MAILING ADDRESS 4 Cornerpointe Dr. La Palma CA

2. LOCATION NW 1/4 NW 1/4 Sec 31 T 21 N/S R 62 E County _____
 PERMIT NO. 161-31-101-001 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
<u>Removed Well Boxes</u>				
<u>Removed Casings</u>				
<u>Filled from Bottom to Top with Bentonite Chips</u>				
<u>Cement Seal on Top</u>				
<u>UNRECOVERED</u>				
<u>RECOVERED</u>				
<u>JUN 9 2 2006</u>				
<u>AS HOLES OFFICE</u>				

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:
 Neat Cement Cement Grout Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 5/26 2006
 Date completed 5/26 2006

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 EALIE DRILLING SERVICES LLC Contractor
 Address 7150 PERIOD ST 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 11-2272

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 5/26/06