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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. 11232

1. OWNER Mr. Charles W. Deaner, Trustee ADDRESS AT WELL LOCATION N/A
 MAILING ADDRESS 720 South 4th St., #300 North + East of Belmont St., S. of Las Vegas Blvd North
Las Vegas, NV 89101 at the intersection of Belmont + LV Blvd North

2. LOCATION NW 1/4 SE 1/4 Sec. 13 T. 20 N. R. 61 E. Clark County
 PERMIT NO. MO 2620 139-13-702-001 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 MW-1

Material	Water Strata	From	To	Thick-ness
Silty Clay		0	6	6
Sandy Clay		6	8	2
Clayey Sand		8	10	2
Silty Sand		10	12	2
Clayey Sand		12	14	2
Caliche		14	15.5	1.5
Silty Clay		15.5	19	3.5
Sandy Clay		20	22	2
Clayey Sand		22	23	1
Sandy Silt		23	24	1
Clayey Sand		24	28	4
Sandy Clay		28	31	3
Silty Clay		31	32	1
Silty Sand		32	33	1

8. WELL CONSTRUCTION
 Depth Drilled 33 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 0 Feet 33 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>0</u>	<u>30</u>

Perforations:
 Type perforation slotted screen
 Size perforation _____
 From 17.5 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0 - 13.5' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Sand Gravel Packed: Yes No
 From 15.5 feet to 30 feet

9. WATER LEVEL
 Static water level 22 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started August 23, 1995
 Date completed August 23, 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

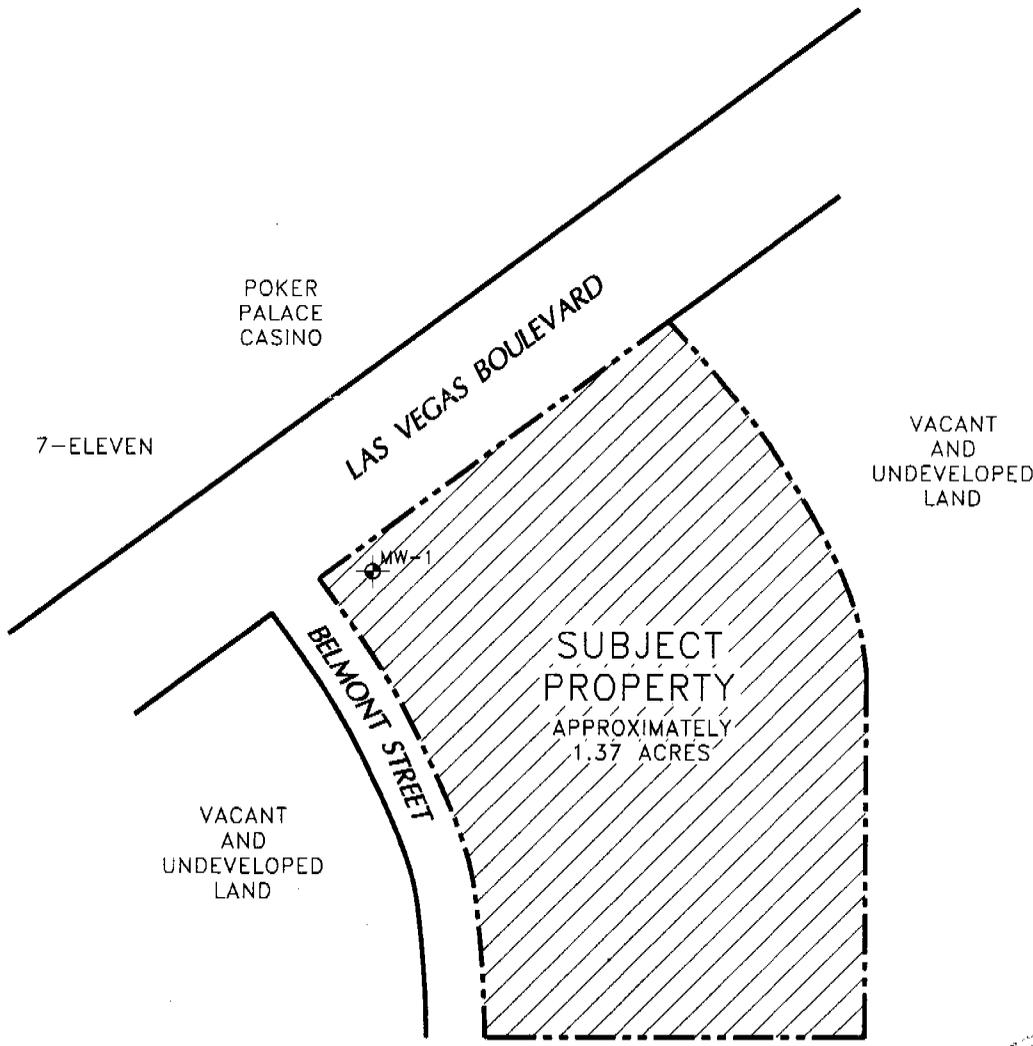
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor
 Address _____ Contractor

Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____

Signed: [Signature]
 By driller performing actual drilling on site or contractor
 Date 8/23/95



LEGEND:

⊕ APPROXIMATE BORING LOCATION



NOT TO SCALE

Project: NORTHERN AUTOMOTIVE CORPORATION	
Diagram: Site Plan	
Western Technologies Inc.	
Job No. 4185JL269	Figure 2

STA. 1
EVA 18 JUL 11