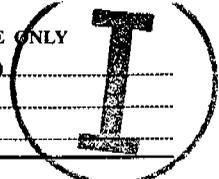


OFFICE USE ONLY
 Log No. 50828
 Permit No. _____
 Basin. 161



PRINT OR TYPE ONLY
 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. 14743

1. OWNER US AIR FORCE WTC/ECR ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4551 DEVLIN DR NEILL AFB INDIAN SPRING
NEILL AFB, NV 89191-6542

2. LOCATION 1/4 NW 1/4 Sec 16 T. 16 N. R. 56 E. CLARK County
 PERMIT NO. MO-2577 LF-02 Subdivision Name _____
 Issued by Water Resources Parcel No. _____

3. WORK PERFORMED Sec 4
 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 Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|----------------------|--------------|-----------|-----------|------------|
| | | | | |
| <u>clay</u> | | <u>0</u> | <u>10</u> | |
| <u>clay w/ sand</u> | | <u>10</u> | <u>14</u> | |
| <u>clay w/ sand</u> | | <u>14</u> | <u>26</u> | |
| <u>clay w/ fines</u> | | <u>26</u> | <u>40</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
 From 7 1/4 Inches To 0 Feet 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

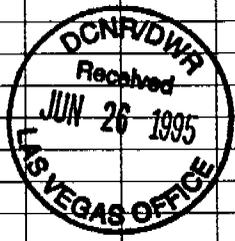
CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2.5</u> | <u>PVC</u> | <u>Sec 40</u> | <u>0</u> | <u>10</u> |

Perforations:
 Type perforation slotted screen
 Size perforation .020
 From 10 feet to 40 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 7 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 40 feet to 9 feet



Date started 5-19, 1995
 Date completed 5-19, 1995

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 16 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 Weber Environmental Contractor
 Address 4307 S Valley View #21 Contractor
LV, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 0039528
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1847
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 6-20-95

