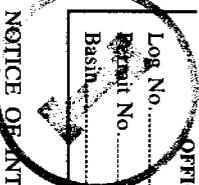


PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340



NOTICE OF PATENT NO. 14069

1. OWNER WELLS SERVICE

ADDRESS AT WELL LOCATION 7000 W. Tropic

2. LOCATION S 1/4 N 1/4 Sec 35 T 3 S R 42 E County Clark

PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Well Type
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Hole was abandoned by REMEDIATION</u>				
<u>THE CASING WAS FROM THE BOTTOM TO THE TOP.</u>				

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet
 HOLE DIAMETER (BIT SIZE)
1 1/2 Inches From _____ To _____ Feet
1 1/2 Inches From _____ To _____ Feet
1 1/2 Inches From _____ To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>150</u>	<u>0.125</u>		

Perforations: Type perforation NA
 Size perforation _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 80
 Placement Method: Pumped Concrete Grout Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 177 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 Wesley E. Anderson Contractor
 Address 4301 S. Steacy Blvd #21
Las Vegas NV 89103
 Nevada contractor's license number 0039528
 Nevada driller's license number issued by the Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 119110

Signed _____
 By driller performing actual drilling on site or contractor
 Date 10-27-95

7. WELL TEST DATA
 TEST METHOD: Bailor Pump Air Lift
 G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____

Date started 4-11 1995
 Date completed 4-12 1995