

OFFICE USE ONLY
 Log No. 51377
 Permit No. _____
 Basin. 212

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 INTENT NO. 17496

1. OWNER MAX RIGGS ADDRESS AT WELL LOCATION ATS BELTWAY AT
 MAILING ADDRESS 2640 LAS VEGAS BLVD. NO. MC CARREN AIRPORT CONCOURSE D
NO. LAS VEGAS, NV 89030 LAS VEGAS

2. LOCATION 1/4 1/4 Sec. 34T 21 N/S R. 61 E CLARK County
 PERMIT NO. DW-1044 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE dewater WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other DEWATER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
PARTIALLY CEMENTED		0	2	2
SILTY WHITE DRY CLAY		2	5.5	3.5
CALECHI		5.5	7.5	2
BROWN CLAY DRY		7.5	14	6.5
WHITE STREAKS				
CEMENT CONGLOMERAT		14	15	1
MOIST BROWN CLAY		15	21	6
VERY HARD CEMENTED				
CONGLOMERATE		21	24	3
RED WET CLAY	*	24.5	48	23.5

8. WELL CONSTRUCTION
 Depth Drilled 48 Feet Depth Cased 48 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches 0 Feet 48 Feet
 To _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

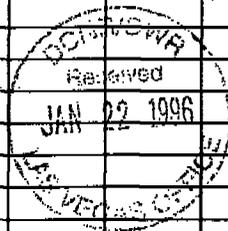
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14				

Perforations: **FACTORY PERFORATION**
 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 0 feet to 48 feet



Date started 12/28/95, 19____
 Date completed 1/3/96, 19____

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 28.5' 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 ALLEN DRILLING INC Contractor
 Address 4847 S. VALLEY VIEW Contractor
LAS VEGAS, NV 89103

Nevada contractor's license number issued by the State Contractor's Board: 18916
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 11661

Signed Donald T. Wall
 By driller performing actual drilling on site or contractor
 Date Jan 16, 96