

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 57864
Permit No. 212
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 2663

1. OWNER Mr. Devalby's Corp ADDRESS AT WELL LOCATION 1936 N. LAS VEGAS BLVD
MAILING ADDRESS 433 N 4TH ST STE 350 Las Vegas, NV 89030

2. LOCATION NE 1/4 SW 1/4 Sec. 23 T. 20 N. R. 60 E COUNTY CLARK

PERMIT NO. MO-2753 B9-23-311-001

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial
 Irrigation Test Stock
 Monitor Air Other Auger

5. WELL TYPE
 Cable Rotary RVC
 Other Auger

6. LITHOLOGIC LOG MU-3

Material	Water Strata	From	To	Thick-ness
<u>Asphalt</u>		<u>0</u>	<u>0.3</u>	<u>0.3</u>
<u>Fill</u>		<u>0.3</u>	<u>2</u>	<u>1.7</u>
<u>Silt</u>		<u>2</u>	<u>9.5</u>	<u>6.5</u>
<u>Caliche</u>		<u>9.5</u>	<u>13</u>	<u>3.5</u>
<u>Grav</u>		<u>13</u>	<u>26</u>	<u>13</u>

New Well

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>22</u>		<u>25</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>6</u>	<u>0</u>	<u>26</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>0.70</u>	<u>0.31</u>	<u>0</u>	<u>25</u>

TEMPERARY WELL - Installed on 10/14/96 - Abandonment on 10/17/96

Padlock casing - Ball filled open hole w/ concrete

Perforations: Factory Machine Set
Type perforation 0.018 inch
Size perforation 1.5 feet to 25 feet

From..... feet to..... feet
From..... feet to..... feet
From..... feet to..... feet
From..... feet to..... feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Gravel Packed: Yes No
From..... feet to..... feet 26 feet

9. WATER LEVEL 18.15 feet below land surface
Static water level.....
Artesian flow.....
Water temperature..... °F Quality..... P.S.I.

Date started 10/14 1996
Date completed 10/17 1996

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

7. TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) Time (Hours)

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 M1261
Signed [Signature]
By drilling performance actual drilling on site or contractor
Date 10/23/96