

OFFICE USE ONLY
 Log No. 64337
 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 29713

1. OWNER Ribeiro Corp. ADDRESS AT WELL LOCATION 3580 So. Polaris
 MAILING ADDRESS 195 E. Reno Ave. Las Vegas, NV. 89119
 2. LOCATION NW 1/4 SE 1/4 Sec. 17 T 21 N 0R 61 E Clark County
 PERMIT NO. MO-2782 162-17-219-001 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

Material	Water Strata	From	To	Thickness
Fill AC over App. base		0	1	1
Silty Sand w/gravel		1	3 1/2	2 1/2
Gypsum w/sand		3 1/2	4 1/2	1
Caliche		4 1/2	5	1/2
Silty Sand w/gravel		5	6 1/2	1 1/2
Clayey Sand w/gravel		6 1/2	8	1 1/2
Sandy Clay w/gravel		8	10	2
Gravelly Sand w/clay		10	11 1/2	1 1/2
Caliche		11 1/2	21 1/2	10
Clayey Sand		21 1/2	22	1/2
Caliche		22	24	2
Sandy Clay w/gravel		24	25	1
Clayey Sand w/gravel		25	27	2
Caliche		27	30	3

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cascd 28 1/2 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 30 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2" sch 40 PVC			0	28 1/2

Perforations:
 Type perforation Factory slots
 Size perforation .020
 From 8 1/2 feet to 28 1/2 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 5 feet Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From 6 feet to 28 1/2 feet

Date started 3-14 1997
 Date completed 3-14 1997

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 _____ 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 Tom Beall, Terracon Contractor
 Address 4343 So. Polaris Ave. Contractor
Las Vegas, Nevada
 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: M-1944
 Signed Tom Beall
 By driller performing actual drilling on site or contractor
 Date 3-17-97