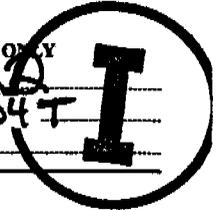


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 65220
 Permit No. 62934T
 Basin 210



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 15331

1. OWNER SILVER STATE DISPOSAL ADDRESS AT WELL LOCATION APEX LAND FILL
 MAILING ADDRESS _____

2. LOCATION SE 1/4 SW 1/4 Sec. 19 T. 18 N. R. 64 E CLARK County
 PERMIT NO. 62934T W2076 540-290-029 Parcel No. 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	Thick-ness
SANDY CLAY & GRAVEL		0	20	20
SANDSTONE & CLAY		20	230	210
LIMESTONE		230	250	20
SANDSTONE & CONGLOMERATE LAYERS		250	380	130
LIMESTONE		380	400	20
SANDSTONE		400	420	20
LIMESTONE		420	840	420
LIMESTONE WITH STREAKS OF SHALE	X	840	1150	310

8. WELL CONSTRUCTION
 Depth Drilled 1150 Feet Depth Cased 1150 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>12 1/4</u>	<u>0</u>	<u>1150</u>	<u>1150</u>
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.92</u>	<u>.188</u>	<u>+1</u>	<u>1100</u>
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>1080</u>	<u>1150</u>

Perforations: FACTORY SAWCUT
 Type perforation _____
 Size perforation 1/2 X 3 8 ROWS
 From 900 feet to 1150 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

Depth of Seal 60

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 60 feet to 1150 feet

9. WATER LEVEL
 Static water level 650 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 4/18, 19 97
 Date completed 5/26, 19 97

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

Name WATER WELL SERVICES Contractor
 Address 6475 GARY AVE.
LAS VEGAS, NV 89139 Contractor

Nevada contractor's license number issued by the State Contractor's Board 22311
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 6/1/97

