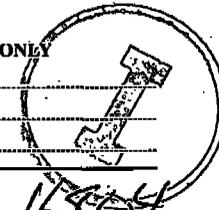


OFFICE USE ONLY
 Log No. 67150
 Permit No. _____
 Basin 212



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. 16804

1. OWNER LLP ADDRESS AT WELL LOCATION 88 Flamingo & Melced
 MAILING ADDRESS 4420 S Decatur
 2. LOCATION 3 1/2 N 89 03 Sec. 1224 T. 21 N 68 E. County _____
 PERMIT NO. DW 1839 Issued by Water Resources 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Dirty Sand</u>		<u>0</u>	<u>7</u>	<u>7</u>
<u>Caliche</u>		<u>7</u>	<u>9</u>	<u>2</u>
<u>Caliche nuggets w/ clay</u>		<u>9</u>	<u>19</u>	<u>10</u>
<u>Sand w/ clay</u>		<u>19</u>	<u>50</u>	<u>31</u>

8. WELL CONSTRUCTION
 Depth Drilled 50 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE):
 From 24 Inches To 50 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

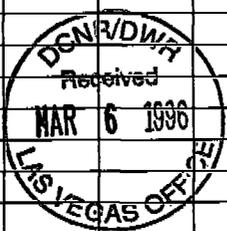
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>POC</u>	<u>5/16</u>	<u>0</u>	<u>50</u>

Perforations:
 Type perforation slot
 Size perforation 1.003
 From 30 feet to 50 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 _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 50 feet

9. WATER LEVEL
 Static water level: 20 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature: 64 °F Quality good



Date started 2-6-96, 1996
 Date completed 2-6-96, 1996

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name G.C.D. Contractor
 Address 536 E. Withland
Ontario CA 91761 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0081246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1968
 Signed _____
 Date 2-6-96