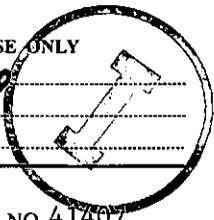


OFFICE USE ONLY
 Log No. 74966
 Permit No. _____
 Basin 212



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. 41407

1. OWNER Interste Properties ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1000 Quail St. Suite 190 5428 Greta Lane
Newport Beach, CA 92660 Las Vegas, NV
 2. LOCATION NW 1/4 NE 1/4 Sec 34 T 19 N/S R 60 E Clark County
 PERMIT NO. 60482 125-34-502-011 Subdivision Name _____
Issued by Water Resources Parcel No.

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
<u>video to 250 ft.</u>				
<u>camera stop at 250 ft.</u>				
<u>clean out to 270 ft.</u>				
<u>perforate casing 50 ft. to 270 ft.</u>				
<u>install 2 7/8" hydrill tubing to 250 ft.</u>				
<u>pump neat cement through tubing to surface</u>				
<u>total cement volume 8 yds.</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

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

CASING SCHEDULE

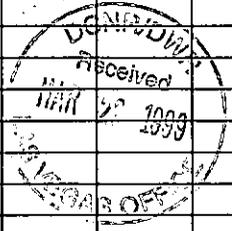
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet



Date started 2/8/99, 19____
 Date completed 3/9/99, 19____

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 Layne Christensen Company Contractor
 Address 3515 Losee Road Contractor
North Las Vegas, NV 89030

Nevada contractor's license number issued by the State Contractor's Board 0019101
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2080

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3/19/99

