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WELL DRILLER'S REPORT

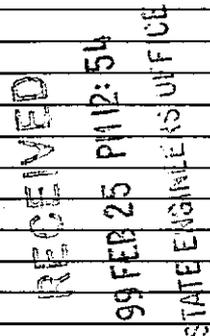
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 16220

1. OWNER DEPARTMENT OF AIR FORCE ADDRESS AT WELL LOCATION SOUTH EAST CORNER OF GRAVE & GOLDFIELD  
 MAILING ADDRESS 99 CONS/LGCC  
5865 SWARD BLVD - NEVADA AFB 89191-2003  
 2. LOCATION NE 1/4 SE 1/4 Sec. 3 T. 20 S. R. 61 E. CLARK County  
 PERMIT NO. 18222/17522 139-03-701-002  
 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.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>WIRE BRUSHED, ACID TREATED AND</u>				
<u>CITRORINATED WELL</u>				
<u>REPLACED PUMPING EQUIPMENT WITH</u>				
<u>NEW 60 HP TURBINE PUMP DESIGNED</u>				
<u>FOR 750 GPM @ 234' TDH. (50 PSI DISCHARGE)</u>				
<u>CLEANED TO 965'</u>				
<u>HORIZONTAL LOWER PERFORATIONS</u>				
<u>FROM 144' TO 965' WERE OBSERVED</u>				
<u>DURING VISUAL LOG.</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  
 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..... feet to..... feet

Date started 10-18 1998  
 Date completed 1-25 1999

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 68 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 B. L. WEBER GROUP, INC Contractor  
 Address 8108 Bay Harbor Dr. Contractor  
Las Vegas NV, 89128  
 Nevada contractor's license number issued by the State Contractor's Board 041822 + 086639  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2078  
 Signed DAVELL J. DICE  
 By driller performing actual drilling on site or contractor  
 Date 2-21-99