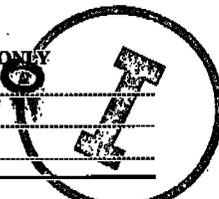


OFFICE USE ONLY
 Log No. 70310
 Permit No. 212
 Basin 212



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. 16498

1. OWNER CAPRIATI CONSTRUCTION ADDRESS AT WELL LOCATION 6349, 6379, 6419 PINE STREET
 MAILING ADDRESS 2330 PINION SPRINGS DR.
HENDERSON, NV 89014

2. LOCATION SE 1/4 SE 1/4 Sec 36 T 21 N 61 E CLARK County
 PERMIT NO. 162-36-801-007
 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
ABANDON WELL filled with 1.5 yards of 27 sac slurry				
WELL CASING HAD DETERIATED TO THE POINT WHERE REPEATED ATTEMPTS AT PERFORATING FAILED. MANY OPEN HOLES IN CASING.				

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

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 1/2 Inches _____ Feet 76 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

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

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

Date started 11/26/97, 19____
 Date completed 11/26/97, 19____

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 ALLEN DRILLING INC Contractor
 Address 4847 S. VALLEY VIEW Contractor
LAS VEGAS, NV 89103

Nevada contractor's license number issued by the State Contractor's Board: 18917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1301

Signed Fred B. Allen
 By driller performing actual drilling on site of contractor
 Date 1-27-98



1968
FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

RE: [Illegible]

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1961

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