

WELL DRILLER'S REPORT

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

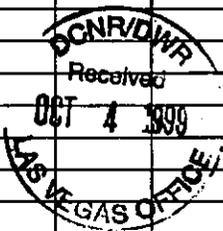
NOTICE OF INTENT NO. 19709

1. OWNER PAUL LEWIS ADDRESS AT WELL LOCATION OVERTON, NV
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 SW 1/4 Sec. 1 T. 15 N. R. 66 E. CLARK County
 PERMIT NO. 39719 070-011-01-004 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
TOTAL DEPTH - 105 FT.				
CASING - 12 3/4"				
STATIC WATER LEVEL - 10 FT.				
WELL CASING IS SHEARED AT 20 FT.				
WAS ABLE TO CLEAN TO 105 FT. WITH A 9" BIT. COULD NOT GET PAST 20 FT. WITH THE MILLS KNIFE.				
SET TREMIE PIPE AT 100 FT. AND PUMPED 8 YARDS OF NEAT CEMENT TO SURFACE.				



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
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 10 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 WATER WELL SERVICES Contractor
 Address 6475 GARY AVE. Contractor
LAS VEGAS, NV 89139
 Nevada contractor's license number 22311B issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 2131
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9/16/99

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			

Date started 9/14, 1999
 Date completed 9/15, 1999