

PRINT OR TYPE ONLY
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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. 57847

1. OWNER Berry Hinkley Industries, Inc. ADDRESS AT WELL LOCATION 2191 Pyramid Hwy, Sparks NV
 MAILING ADDRESS 1180 West 4th Reno, NV 89510

2. LOCATION SE 1/4 SE 1/4 Sec. 32 T. 20 N/S R. 20 E Washoe County
 PERMIT NO. Facility ID 4-000211 027-342-06 NA 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 HSA

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|---------|------------|
| MW-1 25' Deep | 4" Diameter | | | |
| Exceeds the M.C.L. so we overdrilled with 10 1/2 I.D. Augers to a depth of 25 1/2 then tremie grout from bottom to top, well was located in a 1.5' x 3' steel box that McGinley and Associates will fill the rest of the box with concrete and remove lid. | | | | |
| Concrete sand + Bentonite | 15 1/2' | 0 | 25 1/2' | 25 1/2' |
| Busted PVC | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 25 1/2 Feet Depth Cased 0 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/2" Inches To 25 1/2' Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet
 Inches Feet 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:
 Depth of Seal 25 1/2' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 15 1/2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 85 °F Quality _____

Date started 5-7-06, 20
 Date completed 5-7-06, 20

7. WELL TEST DATA

| TEST METHOD: | <input type="checkbox"/> Bailer | <input type="checkbox"/> Pump | <input type="checkbox"/> Air Lift |
|--------------|---------------------------------|-------------------------------|-----------------------------------|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Haz-Tech Drilling Inc. Contractor
 Address P.O. Box 940 Meridian, ID, 83680 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0038018
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2188
 Signed Mike C
 By driller performing actual drilling on site or contractor
 Date 5-17-06