

WELL DRILLER'S REPORT

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



Log No. 101257
 Permit No. _____
 Basin 084

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **57789**

1. OWNER **MPG Land Holdings LLC.**
 MAILING ADDRESS **3520 Amy Rd.**
Reno, NV 89510

ADDRESS AT WELL LOCATION **3520 Amy Rd.**

2. LOCATION NE 1/4 SW 1/4 Sec. 34 T 22N
 PERMIT NO. 077-220-11
 Issued by Water Resources Parcel No.

N/S R 22E E Washoe County
 Subdivision Name

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Air
 Rotary
 Other
 RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray volcanic rock		800	883	63
Brown volcanic rock		883	910	47
Gray granite some volcanic rock		910	935	25
Soft zone clay		935	937	2
Gray granite some volcanic rock some clay		937	968	31
Green volcanic	X	968	1018	50
Soft zone	X	1018	1021	3
Green volcanic	X	1021	1055	34

Washoe County Well Permit # **WL 060126**
 NAD 83
 N **39.72773**
 W **119.61604**

8. WELL CONSTRUCTION

Depth Drilled **1055** Feet Depth Cased **1043** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **1055** Feet
 From _____ Feet To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	773	1043

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From **985** feet to **1045** feet
 From _____ feet to **1043** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL

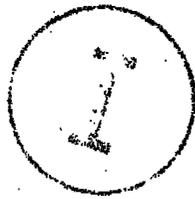
Static water level **450** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Warm** °F Quality **Not tested**

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Bruce Mackay Pump & Well Service, Inc.** Contractor
 Address **1600 Mt. Rose Hwy** Contractor
Reno, NV 89511
 Nevada contractor's license number Issued by the State Contractor's Board **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **923**
 Signed R. Bruce Mackay
 By driller performing actual drilling on-site or contractor
 Date **7/17/2006**

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
30		3	



STATE ENGINEERS OFFICE

2006 JUL 26 PM 1:37

RECEIVED