

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 101315
 Permit No. _____
 Basin Ø87

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **57822**

1. OWNER Glenmanor Virginia Lake Crossing ADDRESS AT WELL LOCATION 2201 S. Virginia St.
 MAILING ADDRESS 679 Sierra Rose, Suite B
Reno, NV 89511

2. LOCATION NW 1/4 NW 1/4 Sec. 24 T 19N N/S R 19E E Washoe County
 PERMIT NO. 019-110-15 Parcel No. Old Mark Twain Motel- Old logs #2351, #2617 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
We abandoned this 1:026' geothermal well per Tom Gallagher. We sounded the current depth at 909'. We then filled to 550' with 3/8" pea gravel. We then pumped approximately 2.5 cu. yards of neat cement mixed 5.2 gal/sack from 550' to 266'. We then filled to 50' with 3/8" pea gravel. We then pumped a 50' top seal with approximately 1 cu. yard of neat cement mixed 5.2 gal/sack from 50' to surface. We then cut the top 2 foot of casing off.				
NAD83 N 39.50315 W 119.80409				
39.503254 N 119.803085 W NAD83 CONUS RECEIVED 20 OCT 17 AM 10:07 STATE ENGINEERS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	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 _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Warm-120 °F Quality _____

Date started 9/27/2006, 19____
 Date completed 10/10/2006, 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 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 2271, 2299
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 10/11/2006