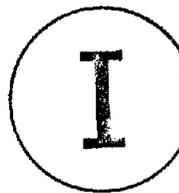


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Loc No. 102211
Permit No.
Basin 092B

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: 56362

1. OWNER Ricardo Cruz
MAILING ADDRESS 11 Tuck Cir Reno NV 89506

ADDRESS AT WELL LOCATION 11 Tuck Cir Reno NV 89506

2. LOCATION SW ¼ NW ¼ Sec 4 T 20 N 19 E
PERMIT/WAIVER No. 086-416-23
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: Washoe
Latitude 39.231495 LTM E WAD 27
Longitude 119.858591 N 39-37-883 NAD 83/WGS 84
W 119-515-76

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. Domestic
 Municipal/Industrial

PROPOSED USE
 Irrigation Test
 Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Well was abandoned 10/19/2006				
Attempts to pull well casing failed				
Well was perforated from 225 ft to 41 ft				
A6 inch mills knife was used to perforate the well				
A 22 inch pipe was set 225 ft and neat cement was pump to top of well				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
225		225	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
6 5/8	0		225	

CASING SCHEDULE

Size O.D. (Inches)	Weight/FT (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		188	0	225

Perforations

Type of perforation	Size of perforation	From	feet to	feet

Annular Seal: Yes No

Material	to	feet	to	feet
<input type="checkbox"/> Neat Cement				
<input checked="" type="checkbox"/> Cement Grout	225		0	
<input type="checkbox"/> Concrete Grout				
<input type="checkbox"/> ≥30% Bentonite Grout				

Gravel Pack: Yes No to _____ feet

Bentonite Chips: Yes No to _____ feet

Date started: 10/19/2006 .20 06
Date completed: 10/19 .20 06

7. Water Level
Static water level: 36 ft feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor			
<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 William E Knoblock Contractor Knoblock & Sons Pump
Address 5425 Spanish Moss Contractor
Sparks NV 89436
Nevada contractor's license number _____
issued by the State Contractor's Board 49162
Nevada driller's license number issued by the Division of Water Resources, the on-site driller AB 2215
Signed: _____
Date 10/23/2006

2006 OCT 23 11:51 AM