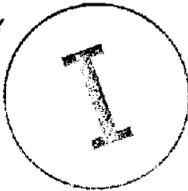


STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 102761
 Permit No. _____
 Basin 088

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK



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. 58969

1. OWNER Mike Zieba
 MAILING ADDRESS CMR 431 Box 2884 APO AE 09175
 ADDRESS AT WELL LOCATION 555 Mountain Bluebird Drive Reno

2. LOCATION SW 1/4 NE 1/4 Sec. 10 T 17N N/S R 19E E Washoe County
 PERMIT NO. 047-020-65
 Issued by Water Resources Parcel No. _____ 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
On this date we abandoned a 6" x 293' well by perforating with Mills Knife from 240' to 270'. We then pumped 3.5 cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.				
Washoe County Permit # WL 060223				
NAD 83				
N 39.35677				
W 119.83109				
N 39.356877				
W 119.830086 NAD83				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased 293 Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet	Feet
From _____	To _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>293</u>

Perforations:
 Type perforation Mills Knife
 Size perforation Puncture

From	To	Feet
<u>240</u>	<u>270</u>	<u>270</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No
 Depth of Seal 55
 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 290 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 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 2299
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 11/29/2006

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			

STATE ENGINEERS OFFICE
 2006 DEC -6 AM 10:59
 RECEIVED