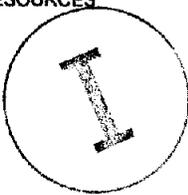


PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK



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. 57828

1. OWNER Chad Lammers ADDRESS AT WELL LOCATION 1730 East Guffey
 MAILING ADDRESS 1730 East Guffey
Washoe, NV 89704

2. LOCATION SE 1/4 SW 1/4 Sec. 30 T 17N N/S R 20E E Wasgoue County
 PERMIT NO. 050-295-05 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
Weatherd granite		151	163	12
White granite		163	171	8
Soft zone	x	171	173	2
Weatherd granite		173	192	19
Soft zone	x	192	193	1
Weatherd granite		193	211	18
Rusty weatherd granite		211	239	28
Soft zone	x	239	240	1
Weatherd granite		240	252	12

Washoe County Permit # WL 060193

NAD 83
N 39.30476
W 119.78186

N 39.304866
W 119.780858 NAD27

8. WELL CONSTRUCTION
 Depth Drilled 252 Feet Depth Cased 252 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 1/8 Inches To 151 Feet
 To 252 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.72</u>	<u>.188</u>	<u>138</u>	<u>252</u>

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From <u>168</u> feet to <u>208</u> feet
From <u>228</u> feet to <u>248</u> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal _____ Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 63 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 11/30/2006, 19____
 Date completed 12/1/2006, 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 checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>3.5</u>	<u>3</u>

STATE ENGINEERS OFFICE
 00-111W 9-6 AM 11-00
 RECEIVED

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
Renov, 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 12/1/2006