

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

OFFICE USE ONLY
 Log No. 103103
 Permit No. _____
 Basin 076

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. **59104**

1. OWNER **Maynard Christian/Fernley Mini Storage** ADDRESS AT WELL LOCATION **810 W. Main st. Fernley**
 MAILING ADDRESS **661 Northwood Dr. Sparks, NV 89431**

2. LOCATION SE 1/4 SE 1/4 Sec. 10 T 20N N/S R 24E E Lyon County
 PERMIT NO. 020-151-04 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	Thickness
On this date we abandoned a 8" X 70' well by pumping 1.75 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. The remainder of cement filled the vault that the well was in about 2" deep.				
NAD 83 N 39.61033 W 119.26543				
Original Well log # 19547				
RECEIVED 2007 MAR 30 AM 11:36 STATE ENGINEERS OFFICE				
N 39.618436 W 119.264436 NAD27				

8. WELL CONSTRUCTION
 Depth Drilled 70 Feet Depth Cased 70 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>12.25</u> Inches	<u>0</u> Feet	<u>50</u> Feet
<u>8</u> Inches	<u>50</u> Feet	<u>70</u> Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.64</u>	<u>.188</u>	<u>-5</u>	<u>70</u>

Perforations:
 Type perforation **Machine cut**
 Size perforation 3/23 x 3

From	To
<u>50</u> feet	<u>70</u> feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Surface Seal: Yes No
 Depth of Seal 50
 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 57 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature cold °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 **2271**
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 3/27/2007

Date started 3/26/2007, 19
 Date completed 3/26/2007, 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			