

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

OFFICE USE ONLY

Log No. 103692
 Permit No. _____
 Basin 887

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.070 and NAC 534.040

NOTICE OF INTENT NO. 59837

1. OWNER **Mike Dines**
 MAILING ADDRESS **2916 Laurel Grove Round rock TX. 78681**
 ADDRESS AT WELL LOCATION **20500 Toll Rd. Reno**
 Subdivision Name: _____ County: **Washoe**
 2. LOCATION **se 1/4 ne 1/4 Sec 11 T17N R20E**
 Latitude **39.36872** UTM E NAD 27
 Longitude **119.68173** N NAD 83/WGS 84
 PERMIT/WAIVER NO. _____ Parcel No. **050-030-09**
 Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
Muli colored volcanic rock		0	411	411
Weathard volcanic rock		411	463	52
Clay		463	480	17
Weathard volcanic rock		480	590	110
Soft zone		590	591	1
Weathard volcanic rock		591	764	173
Soft fracture	x	764	790	26
Clay volcanic rock		790	810	20
Gray volcanic rock		810	838	28
Fracture		838	865	27
Gray volcanic rock		865	935	70
Fracture	x	935	965	30
Gray volcanic rock		965	975	10

9. WELL CONSTRUCTION
 Depth Drilled **975** Feet Depth Cased **975** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **50** Feet
8 1/2 Inches **50** Feet **975** Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	975

 Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**
 From **788** feet to **808** feet
 From **908** feet to **968** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Annular Seal: Yes No
 Neat Cement **0** to **50** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: **1/8 x 1/4**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **650** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
30	110		3
	21.111V 4-MAY-07		

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 **923**
 Signed R. Bruce Mackay
 By driller performing actual drilling on site or contractor
 Date **4/25/07**