

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

OFFICE USE ONLY  
Log No. 106655  
Permit No. \_\_\_\_\_  
Basin Ø89

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 62792

|   |                  |  |   |
|---|------------------|--|---|
| 1. OWNER <b>Byron &amp; Tina Slobe</b>    |                  | ADDRESS AT WELL LOCATION <b>4050 Bluewing Lane</b> |   |
| MAILING ADDRESS <b>4050 Bluewing Lane</b> |                  | <b>Washoe Valley N39.291809 W119.762073 NAD27</b>  |   |
| <b>Washoe Valley NV. 89704</b>            |                  | Subdivision Name: _____ County: <b>Washoe</b>      |   |
| 2. LOCATION <b>NE¼SW¼ Sec32T17N/ R20E</b> |                  | Latitude <b>39.29172</b>                           | UTM E <input type="checkbox"/> NAD 27               |
| PERMIT/WAIVER NO. _____                   | <b>50-417-08</b> | Longitude <b>119.76309</b>                         | N <input checked="" type="checkbox"/> NAD 83/WGS 84 |
| Issued by Water Resources _____           |                  | Parcel No. _____                                   |   |

|  |                                  |   |  |                                     |                               |
|--|----------------------------------|---|--|-------------------------------------|-------------------------------|
| 3. WORK PERFORMED                          |                                  | 4. PROPOSED USE                               |  | 5. WELL TYPE                        |                               |
| <input type="checkbox"/> New Well          | <input type="checkbox"/> Replace | <input type="checkbox"/> Recondition          | <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Test |
| <input checked="" type="checkbox"/> Deepen | <input type="checkbox"/> Other   | <input type="checkbox"/> Municipal/Industrial | <input type="checkbox"/> Monitor             | <input type="checkbox"/> Stock      | <input type="checkbox"/> Air  |
|  |                                  |   | <input type="checkbox"/> Rotary              | <input type="checkbox"/> RVC        |                               |
|  |                                  |   | <input type="checkbox"/> Other               |                                     |                               |

| 6. LITHOLOGIC LOG                                       |              |              |     |            |
|---|--------------|--------------|-----|------------|
| Material  | Water Strata | From         | To  | Thick-ness |
| Weatherd granite  |              | 180          | 203 | 23         |
| Weatherd granite some clay                              |              | 203          | 235 | 32         |
| Weatherd granite  |              | 235          | 277 | 42         |
| Soft zone   | x            | 277          | 278 | 1          |
| Gray hard granite                                       |              | 278          | 341 | 63         |
| Weatherd granie   |              | 341          | 360 | 19         |
| Soft zone   |              | 360          | 361 | 1          |
| Weatherd granite  |              | 361          | 435 | 74         |
| Soft weatherd granite                                   |              | 435          | 437 | 2          |
| Gray hard granite                                       |              | 437          | 467 | 30         |
| Fracture granite  | x            | 467          | 470 | 3          |
| Gray hard granite                                       |              | 470          | 532 | 62         |
| Fracture  |              | 532          | 533 | 1          |
| Gray granite  |              | 533          | 590 | 57         |
| Deepening of Top # 32717                                |              |              |     |            |
| Washoe Permit WL080085                                  |              |              |     |            |
| RECEIVED<br>2008 AUG 22 AM 10:30<br>STATE ENGINEERS OFF |              |              |     |            |
| Date started: <b>8/14</b>                               |              | 20 <b>08</b> |     |            |
| Date completed: <b>8/18</b>                             |              | 20 <b>08</b> |     |            |

| 9. WELL CONSTRUCTION   |                     |                         |             |   |
|--|---------------------|-------------------------|-------------|---|
| Depth Drilled  | <b>590</b>          | Depth Cased             | <b>590</b>  | Feet  |
| HOLE DIAMETER (BIT SIZE)   |                     |                         |             |   |
| From   |                     | To                      |             |   |
| <b>6 1/8</b>   | Inches              | <b>180</b>              | Feet        | <b>590</b> Feet   |
| _____  | Inches              | _____                   | Feet        | _____ Feet  |
| _____  | Inches              | _____                   | Feet        | _____ Feet  |
| CASING SCHEDULE  |                     |                         |             |   |
| Size O.D. (Inches)   | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet)   |
| <b>5</b>   | <b>10.79</b>        | <b>.188</b>             | <b>170</b>  | <b>590</b>  |
| Perforations:  |                     |                         |             |   |
| Type of perforation  | <b>Machine cut</b>  |                         |             |   |
| Size of perforation  | <b>3/32 x 3</b>     |                         |             |   |
| From   | <b>270</b>          | feet to                 | <b>290</b>  | feet  |
| From   | <b>350</b>          | feet to                 | <b>370</b>  | feet  |
| From   | <b>470</b>          | feet to                 | <b>490</b>  | feet  |
| From   | <b>570</b>          | feet to                 | <b>590</b>  | feet  |
| From   | _____               | feet to                 | _____       | feet  |
| Annular Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                     |                         |             |   |
| <input type="checkbox"/> Neat Cement   | _____               | to                      | _____       | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input type="checkbox"/> Cement Grout  | _____               | to                      | _____       | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout  | _____               | to                      | _____       | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input type="checkbox"/> ≥30% Bentonite Grout  | _____               | to                      | _____       | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | _____               | to                      | _____       | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| Type: _____  |                     |                         |             |   |
| Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____               | to                      | _____       | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| Type: _____  |                     |                         |             |   |

| 7. Water Level                 |                         |
|--------------------------------|-------------------------|
| Static water level: <b>138</b> | feet below land surface |
| Artesian Flow: _____           | G.P.M. _____ P.S.I.     |
| Water Temperature: <b>Cool</b> | °F                      |
| Quality: <b>Not tested</b>     |                         |

| 10. DRILLER'S CERTIFICATION  |                        |
|--|------------------------|
| This well was drilled under my supervision and the report is true to the best of my knowledge. |                        |
| Name <b>Bruce MacKay Pump &amp; Well Service, Inc.</b>   |                        |
| (CONTRACTOR)   |                        |
| Address <b>1600 Mt. Rose Hwy</b>   |                        |
| (CONTRACTOR)   |                        |
| <b>Reno, NV 89511</b>  |                        |
| Nevada contractor's license number issued by the State Contractor's Board                      | <b>23096</b>           |
| Nevada driller's license number issued by the Division of Water Resources, the on-site driller | <b>923</b>             |
| Signed   | <i>R. Bruce MacKay</i> |
| By driller performing actual drilling on site or contractor                                    |                        |
| Date   | <b>8/19/08</b>         |

| 8. WELL TEST DATA |                                 |                               |                                   |
|-------------------|---------------------------------|-------------------------------|-----------------------------------|
| TEST METHOD:      | <input type="checkbox"/> Bailer | <input type="checkbox"/> Pump | <input type="checkbox"/> Air Lift |
| G.P.M.            | Draw Down (Feet Below Static)   |                               | Time (Hours)                      |
| <b>30</b>         |                                 |                               | <b>3</b>                          |
|                   |                                 |                               |                                   |
|                   |                                 |                               |                                   |
|                   |                                 |                               |                                   |
|                   |                                 |                               |                                   |
|                   |                                 |                               |                                   |