

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

Log No. _____
 Permit No. _____
 Basin. **437**

NOTICE OF INTENT NO 40380

CONSULTANT:
 1. OWNER **Camp Dresser & McKee**
 MAILING ADDRESS **7025 Longley Ln. Suite 20**
Reno, NV 89511

CLIENT:
 ADDRESS AT WELL LOCATION **Vista Canyon Group**
495 East Nugget Ave. Sparks, NV

2. LOCATION **SE 1/4 NE 1/4 Sec 9 T. 19N N/S R. 20 E Washoe** County
 PERMIT NO. **Well # DWC 307 034-102-13** Parcel No. **Sparks Solvent/Fuel Site** 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill material. Dark brown clay, moist, medium stiff, trace sands.		0	6	6
Brownish gray gravel-sand mix, coarse to fine gravels, coarse to medium sans, subrounded to rounded, well graded, cobbles present.		6	15	9
Brownish gray gravel-sand mix, well graded, cobbles & occasional larger boulders.		15	70	55
Brownish gray gravel-sand mix, well graded cobbles & occasional boulder.		70	95	25

8. WELL CONSTRUCTION

Depth Drilled **95** Feet Depth Cased **90** Feet
 HOLE DIAMETER (BIT SIZE)
 From **9 7/8** Inches To **0** Feet **95** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4" PVC		SCH 80	0	90

Locking cap, end cap
 12" Surface completion in concrete

Perforations:
 Type perforation **Factory Sawn Slot**
 Size perforation **0.06**
 From **70** feet to **90** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0-59** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Baroid quik gel **59-62/SRI #20 Sand 62-65**
 Gravel Packed: Yes No
 From **65-95** feet to **Lonestar coarse aquarium** feet

9. WATER LEVEL
 Static water level **10.80** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality **Not known**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Wayne Drilling Inc.** Contractor
 Address **P.O. Box 12370** Contractor
Reno, NV 89510

Nevada contractor's license number issued by the State Contractor's Board **0022549**
 Nevada driller's license number issued by the Division of Water Resources, on-site driller **908**
 Signed *[Signature]* by driller performing actual drilling on site or contractor
 Date **12-28-03**

Date started **4-12-99**, 19_____
 Date completed **4-14-99**, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
No test			