

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

OFFICE USE ONLY
 Log No. 110394
 Permit No. _____
 Basin 089

FINALIZED MA
 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. 64429

1. OWNER **Michael Pegram** ADDRESS AT WELL LOCATION **60 Sheldon Place**
 MAILING ADDRESS **60 Sheldon Place** **Washoe**
Washoe NV. 89704 **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **SE 1/4 NW 1/4 Sec 23 T16 N R19 E** Latitude **39.23792** UTM E NAD 27
 PERMIT/WAIVER NO. **055-287-15** Longitude **119.82135** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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 **Mud**

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--------------------------|--------------|------|-----|------------|
| Gray D.G. & sand | | 0 | 50 | 50 |
| Gray clay | | 50 | 55 | 5 |
| Gray D.G. & sand | | 55 | 140 | 85 |
| Brown D.G. & sand | | 140 | 200 | 60 |
| Small gravel & sand | x | 200 | 240 | 40 |
| Hard granite some broken | x | 240 | 260 | 20 |

Washoe Permit WL090064
 Replaces Well Log # 103187

10' blank on bottom--

39.238°N NAD27 D.D.
 119.820°W

9. WELL CONSTRUCTION

Depth Drilled **260** Feet Depth Cased **260** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
17 1/2 Inches **0** Feet **260** Feet
 _____ Inches _____ Feet _____ 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 | +2 | 260 |

Perforations:
 Type of perforation **Factory**
 Size of perforation **.040** screen
 From **200** feet to **250** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout **0** to **100** Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **100** to **260** Pumped Poured
 Type: **1/8 x 1/4**

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **7-17-09**, 20
 Date completed: **7-22-09**, 20

7. Water Level
 Static water level: **50** 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: | Draw Down (Feet Below Static) | Time (Hours) |
|--|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | | |
| G.P.M. 50+ | | 3 |

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 **1790**

Signed R. Bruce Mackay
 By driller performing actual drilling on site or contractor
 Date **7-23-09**