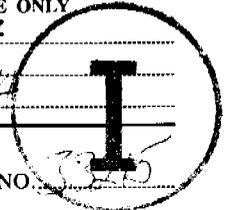


Log No. 52104

Permit No. 084

Basin 084



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

NOTICE OF INTENT NO. 325

1. OWNER Carl Maas ADDRESS AT WELL LOCATION 6105 Lost Springs Road
 MAILING ADDRESS 6105 Lost Springs Road Reno Nevada 89510 Reno, Nevada 89510
 2. LOCATION SE 1/4 NE 1/4 Sec. 3 T. 22N Q/S R. 20 EAST WASHOE County
 PERMIT NO. 076-120-15 Parcel No. Volcanic Sub 3 Subdivision Name 3-2-4-3
 Issued by Water Resources

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 | Thick-ness |
|-----------------------------|--------------|------|-----|------------|
| Overburden | | 0 | 10 | |
| Brown D.G. | | 10 | 40 | |
| Multi colored volcanic rock | | 40 | 345 | |
| multi colored gravels | | 345 | 745 | |
| T.D. 745' | | | | |

Well bore was dry rig out and pour 25,120 lbs of 5 sack cement grout from 745' to surface to abandon well.

8. WELL CONSTRUCTION
 Depth Drilled 745' Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches _____ 0 Feet 295 Feet
8 1/2 Inches _____ 295 Feet 745 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name A.S.A.P. Pump and Well Service Inc. Contractor
 Address 1800 1/2 Frazer Avenue Contractor
Sparks, Nevada 89431
 Nevada contractor's license number issued by the State Contractor's Board 35387-A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1509-T1
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date June 19, 1996

Date started May 22 19 96
 Date completed June 4 19 96

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 | <u>0</u> | <u>Dry Hole</u> | |