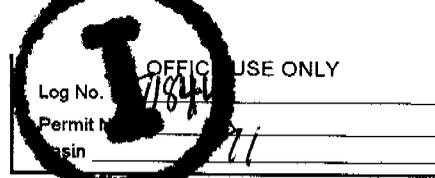


STATE OF NEVADA
 DIVISION OF WATER RESOURCES



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. **39087**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **John Armstrong**
 MAILING ADDRESS **2305 Warrior**
Reno, NV 89503

ADDRESS AT WELL LOCATION
2305 Warrior Lane

2. LOCATION **SE 1/4 SE 1/4 Sec. 16 T 19N**
 PERMIT NO. **WaCo #6152** **038-132-08**
 Issued by Water Resources Parcel No.

N/S R **18E** E **Wahsoe** County

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Green & Grey clay stone		116	124	8
See next line		124	135	11
Green claystone w/black volcanics				
Green claystone	x	135	145	10
Dark brn volcanics		145	150	5
Brown & Green volcanics		150	153	3
Green clay stone		153	157	4
Culti colored volcanics		157	160	3
Green & Brn Volcanics/soft		160	175	15
Green volcanic rock	x	175	186	11

8. WELL CONSTRUCTION
 Depth Drilled **186** Feet Depth Cased **186** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
6 1/8 Inches	116 Feet	186 Feet
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	106	186

Perforations:
 Type perforation **Factory**
 Size perforation **3/32 x 3"**
 From **126** feet to **146** feet
 From **166** feet to **186** feet
 From _____ feet to _____ feet
 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 **64** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality **not tested**

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 **1719**

Signed **R. Bruce MacKay**
 By driller performing actual drilling on-site or contractor
 Date **7-9-98**

7. WELL TEST DATA

TEST METHOD:		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
21	21	1 hr.

Date started **7/7/98**, 19____
 Date completed **7/7/98**, 19____