WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

OFFICE USE ONLY
Log No. 83563
Permit No.
Basin 87

NOTICE OF INTENT NO. 38069

1. OWNER Magnolia South Meadows II LLC
MAILING ADDRESS 770 Smithridge Dr. #400
Reno, NV 89502

ADDRESS AT WELL LOCATION 6930 S. McCarran

2. LOCATION NW 1/4 ____ 1/4 Sec. 36 T 19N N/S R 19E E ____ Washoe County
PERMIT NO. WaCo#6912 (Issued by Water Resources) | 040-880-04 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
[ ] New Well [ ] Replace [ ] Recondition
[ ] Deepen [X] Abandon [ ] Other

4. PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [ ] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [ ] Rotary [ ] RVC
[ ] Air [ ] Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
On this date we abandoned the 6" ID by 105' deep water well. We tried to pull the casing and we tried to perforate the casing without success. We received waiver R-386 and pumped approximately 35 cu. ft of neat cement from bottom to top mixed at 5.2 gallons of water per sack of cement.				

Date started 6/22/2001, 19__
Date completed 6/22/2001, 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased 105 Feet

HOLE DIAMETER (BIT SIZE)

		From	To
____	Inches	____ Feet	____ Feet
____	Inches	____ Feet	____ Feet
____	Inches	____ Feet	____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/4		3/8"	0	105

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

Surface Seal: [ ] Yes [X] No
Depth of Seal
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 30 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 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 ____ (By driller performing actual drilling on-site or contractor)
Date 6/22/01

USE ADDITIONAL SHEETS IF NECESSARY