

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

OFFICE USE ONLY
 No. 8615
 Permit No. 1
 Basin 087

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 41458

1. OWNER ATC ASSOC. LD NV. ADDRESS AT WELL LOCATION UNION 76 STATION #3825, 1101 CALIF AVE, RENO NV.
 MAILING ADDRESS 6000 S. EASTON AVE. LD NV. #3825, 1101 CALIF AVE, RENO NV.
 2. LOCATION SE 1/4 NE 1/4 Sec. 15 T. 15 N/S R. 19 E Washoe County
 PERMIT NO. 010-202-01 010-202-01 Parcel No. 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 AUGER

6. LITHOLOGIC LOG S

| Material | Water Strata | From | To | Thick-ness |
|---|--------------|------|----|------------|
| Well was in good condition 5' than broke out bottom plug I pumped out from top to bottom no water | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2</u> | <u>Factory</u> | <u>2</u> | <u>0</u> | <u>40</u> |

Perforations:
 Type perforation Factory
 Size perforation 2 1/2
 From 25 feet to 40 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 40 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 40 feet to 25 feet

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

Date started 8/10/02
 Date completed 8/12/02

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>NA</u> | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ANDRESEN EXP. DRILLING Contractor
 Address 1635 BELFORD RD. RENO NV. 89509 Contractor
 Nevada contractor's license number 34525 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller m2139
 Signed Ken De By driller performing actual drilling on site or contractor
 Date 8/12/02