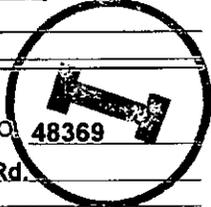


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 90846
 Permit No. _____
 Basin 084

NOTICE OF INTENT NO. **48369**



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

1. OWNER Tony Lamarra ADDRESS AT WELL LOCATION Whiskey Springs Rd.
 MAILING ADDRESS P.O. Box 51081
Sparks, NV 89435

2. LOCATION SE 1/4 SW 1/4 Sec. 3 T 22N N/S R 21E E Washoe County
 PERMIT NO. 077-340-20 Issued by Water Resources 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Washoe Co. Permit #WL030189				
Top soil brown clay		0	25	25
Brown clay volcanic rock		25	530	505
Volcanic rock	x	530	565	35
Volcanic rock		565	685	120
Soft volcanic rock some layers gravel	x	685	787	102

8. WELL CONSTRUCTION
 Depth Drilled 787 Feet Depth Cased 787 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>55</u> Feet
<u>8 5/8</u> Inches	<u>55</u> Feet	<u>787</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+1</u>	<u>787</u>

Perforations:
 Type perforation Factory
 Size perforation 3/32" x 3"

From	To
<u>527</u> feet to	<u>547</u> feet
<u>707</u> feet to	<u>787</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Surface Seal: Yes No
 Depth of Seal 52
 Placement Method: Pumped Poured

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Gravel Packed: Yes No
 From 52 feet to 787 feet

9. WATER LEVEL
 Static water level 247 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 9/12/03

Date started 9/5/2003, 19____
 Date completed 9/12/2003, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Air</u>	<u>10-15</u>		<u>5 hrs</u>

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 STATE ENGINEERS OFFICE