

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

OFFICE USE ONLY
 Log No. 93153
 Permit No. _____
 Basin 083

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. 54474

1. OWNER Martin Landaburu ADDRESS AT WELL LOCATION 21510 Dortort Dr.
 MAILING ADDRESS 21510 Dortort Dr.
Reno, NV 89521

2. LOCATION NE 1/4 NW 1/4 Sec. 32 T 18N N/S R 21E E Storey County
 PERMIT NO. 03-022-78 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 |
|----------------------------------|--------------|------|-----|------------|
| Volcanic rock black fractured | x | 0 | 325 | 325 |
| Volcanic rock purple gray | x | 325 | 418 | 93 |
| Storey county well permit # 6565 | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 418 Feet Depth Cased 418 Feet
 HOLE DIAMETER (BIT SIZE)

| | From | To |
|----------------------|----------------|-----------------|
| <u>10 5/8</u> inches | <u>0</u> Feet | <u>60</u> Feet |
| <u>9 7/8</u> inches | <u>60</u> Feet | <u>418</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>+2</u> | <u>418</u> |

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3
 From 358 feet to 418 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 418 feet

9. WATER LEVEL
 Static water level 59 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 11/20/2003 19____
 Date completed 11/25/2003 19____

7. WELL TEST DATA

| TEST METHOD: | <input type="checkbox"/> Bailer | <input type="checkbox"/> Pump | <input checked="" type="checkbox"/> Air Lift |
|--------------|---------------------------------|-------------------------------|--|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| <u>300+</u> | | <u>3</u> | |

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 12/2/03

RECORDED - 8 PM 11-26
 STATE ENGINEERING OFFICE