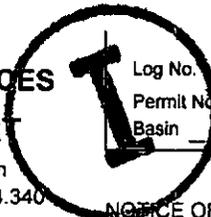


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 93392

Permit No. _____

Basin 57

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. 51633

1. OWNER Carmella Diaz ADDRESS AT WELL LOCATION 15621 Fawn Ln.
 MAILING ADDRESS 15621 Fawn Ln.
Reno, NV 89511

2. LOCATION NW 1/4 SW 1/4 Sec. 36 T 18N N/S R 19E E Washoe County
 PERMIT NO. 150-231-09 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown sand		132	149	17
Gray granite coarse sand		149	175	26
Gray granite		175	182	7
Brown coarse sand some fine	x	182	255	73
Black gray volcanic rock		255	275	20
Gray sand	x	275	338	63
Granite		338	340	2

Washoe county well permit # WL 040107

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 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 340 Feet Depth Cased 340 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 1/8 Inches To 340 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	7	340

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From _____	280 feet to	340 feet
From _____	feet to	feet
From _____	feet to	feet
From _____	feet to	feet
From _____	feet to	feet

Surface Seal: Yes No
 Depth of Seal _____ Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 132 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 6/2/2004, 19____
 Date completed 6/3/2004, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30+</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 2010

Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 6/4/2004