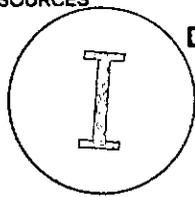


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 99962
 Permit No. _____
 Basin 092B

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. **57401**

1. OWNER Jack Chase ADDRESS AT WELL LOCATION 11680 Fir Dr.
 MAILING ADDRESS 11680 Fir Dr.
Reno, NV 89506

2. LOCATION SW 1/4 NE 1/4 Sec. 15 T 21N N/S R 19E E Washoe County
 PERMIT NO. Dom-044 080-391-04 Subdivision Name _____
Issued by Water Resources Parcel No.

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
<u>Gray green weathered granite</u>		<u>154</u>	<u>163</u>	<u>9</u>
<u>Fracture</u>	<u>X</u>	<u>163</u>	<u>164</u>	<u>1</u>
<u>Weathered granite</u>		<u>164</u>	<u>199</u>	<u>35</u>
<u>Soft zone</u>	<u>X</u>	<u>199</u>	<u>202</u>	<u>3</u>
<u>Gray granite</u>	<u>X</u>	<u>202</u>	<u>252</u>	<u>50</u>
<u>Washoe County Permit # WL 060084</u>				

8. WELL CONSTRUCTION
 Depth Drilled 252 Feet Depth Cased 252 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>5 3/4</u> Inches	<u>154</u> Feet	<u>252</u> Feet
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>132</u>	<u>252</u>

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

From	feet to	feet
<u>162</u>	<u>182</u>	<u>feet</u>
<u>202</u>	<u>242</u>	<u>feet</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 140 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool *F Quality Not tested

Date started 5/4/2006, 19____
 Date completed 5/9/2006, 19____

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 checked="" type="checkbox"/> Air Lift	<u>12</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 923
 Signed R. Bruce MacKay
By driller performing actual drilling on-site or contractor
 Date 5/9/2006