

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 103196
 Permit No. _____
 Basin Ø92B

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 59101

1. OWNER Lorraine Domini/Bonanza Mobile Lodge ADDRESS AT WELL LOCATION 9000 Lemmon Dr. Reno
 MAILING ADDRESS P.O. Box 500
Reno, NV 89509

2. LOCATION SE 1/4 SW 1/4 Sec. 34 T 21N N/S R 19E E Washoe County
 PERMIT NO. 25401 Issued by Water Resources Parcel No. 080-192-01 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	Thickness
On this date we abandoned a 8" X 254' well by perforating with Mills Knife from 50' to 189'. We then pumped 5.5 Cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.				
Washoe County Permit # WL 070034				
NAD 83				
N 39.63619				
W 119.84215				
<u>N39.636301</u>				
<u>W 119.841142 NAD27</u>				

8. WELL CONSTRUCTION

Depth Drilled 254 Feet Depth Cased 254 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.64</u>	<u>.188</u>	<u>0</u>	<u>254</u>

Perforations:
 Type perforation Mills Knife
 Size perforation 3/32 x 3

From	To	Feet
<u>50</u>	<u>189</u>	<u>feet to feet</u>
_____	_____	<u>feet to feet</u>
_____	_____	<u>feet to feet</u>
_____	_____	<u>feet to feet</u>
_____	_____	<u>feet to feet</u>

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

Date started 3/23/2007 .19
 Date completed 3/23/2007 .19

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	_____	_____	_____
Draw Down (Feet Below Static)	_____	_____	_____
Time (Hours)	_____	_____	_____

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9. WATER LEVEL
 Static water level 40 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 2159
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 3/28/2007