

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

OFFICE USE ONLY
 Log No. 103208
 Permit No. _____
 Basin 091

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. **59091**

1. OWNER Boomtown Hotel & Casino
 MAILING ADDRESS P.O. Box 399
Verdi, NV 89439

ADDRESS AT WELL LOCATION Boomtown / Garson Rd.
Verdi, Well #MW1

2. LOCATION SW^{NW} 1/4 NW 1/4 Sec. 16 T 19N N/S R 18E E Washoe County
 PERMIT NO. _____ Parcel No. 038-870-02 Subdivision Name _____
 Issued by Water Resources _____

3. WORK PERFORMED
 New Well
 Replace
 Recondition
 Deepen
 Abandon
 Other _____

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
On this date we abandoned a 2.5" X 39' monitor well by pouring 1 bag of hole plug hydrated, followed by sand cement mix to the top of the well. The well was dry and we were unable to pull the casing.				
Washoe County Permit # WL 070022				
Nad 83				
N 39.51751				
W 119.96960				
<i>N 39.517621</i>				
<i>W 119.969590 NAD27</i>				
2007 MAR 12 AM 10:40 STATE ENGINEER				

8. WELL CONSTRUCTION
 Depth Drilled 39 Feet Depth Cased 39 Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.5</u>	<u>SCH40</u>		<u>0</u>	<u>39</u>

Perforations:
 Type perforation _____
 Size perforation _____

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 None - Dry feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 3/7/2007 19____
 Date completed 3/7/2007 19____

7. WELL TEST DATA

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

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 2299

Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor

Date 3/7/2007