

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 105882
 Permit No. _____
 Basin 083

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. 62080

1. OWNER CFS Investments ADDRESS AT WELL LOCATION 11975 I-80 East
 MAILING ADDRESS 2400 Tampa Street Sparks, Nevada
Reno, NV 89512

2. LOCATION NW 1/4 NW 1/4 Sec. 15 T 19N N/S R 21E E Washoe County
 PERMIT NO. 084-090-10 Parcel No. _____
 Issued by Water Resources _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other _____ Municipal/Industrial
 4. PROPOSED USE Irrigation Test Monitor Stock
 5. WELL TYPE Cable Rotary RVC Other Service
 Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Pull pump, Pull S-40 pvc liner, perforate 6 rows from 150 feet to surface. Install trimie pipe to total depth and pump approximately 7400 LBS of neat cement to surface. Cut off casing 1 foot below grade to abandon well.</u>				
<u>Total Depth 150 feet</u>				
<u>N39.31°16.19</u>				
<u>W119.37°29.06 NAD83</u>				
<u>N39.521271</u>				
<u>W 119.623738 NAD 27</u>				

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6-5/8 Inches To +2 Feet 150 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6-5/8</u>	<u>10.79</u>	<u>.156</u>	<u>+2</u>	<u>150</u>
<u>4.5</u>	<u>2.06</u>	<u>S-40</u>	<u>+2</u>	<u>150</u>

Perforations:
 Type perforation Mills Knife
 Size perforation 1/4 x 2
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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 126 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name A.S.A.P. Pump & Well Service, LLC. Contractor
 Address P.O. Box 60130 Contractor
Reno, Nevada, 89506
 Nevada contractor's license number issued by the State Contractor's Board 35387C
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1509
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 3/25/2008

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 type="checkbox"/> Air Lift			