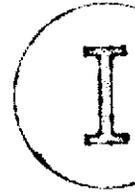


Received: This, July 9, 2009

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



OFFICE USE ONLY 108317

Log No. _____
Permit No. _____
Basin PAI

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. 60041

1. OWNER Wells Bloomfield MFG
MAILING ADDRESS 2 Erik Circle
SW Vandi, NV

ADDRESS AT WELL LOCATION Same

Subdivision Name: _____ County: WASHOE

2. LOCATION SE 1/4 SE 1/4 Sec 8 T 19 N R 18 E
PERMIT/WAIVER NO. 0-00051a 058-00-09

Latitude _____ UTM E 119.9791 NAD 27
Longitude _____ N 39.52100 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Aggregate fill</u>		<u>0</u>	<u>20</u>	<u>2</u>
<u>Gravels Alluvium</u>		<u>2</u>	<u>5</u>	<u>3</u>
<u>Med to Coarse Sand</u>		<u>5</u>	<u>7</u>	<u>2</u>
<u>Gravels Alluvium</u>		<u>7</u>	<u>13</u>	<u>6</u>
<u>Sandy Clay</u>	<u>15'</u>	<u>13</u>	<u>18</u>	<u>5</u>
<u>Lean Clay & Sand</u>		<u>18</u>	<u>28</u>	<u>10</u>
<u>Sandy Clay & Coy</u>		<u>28</u>	<u>38</u>	<u>10</u>
<u>Lean Clay & Sand</u>		<u>38</u>	<u>49</u>	<u>11</u>
<u>Lean Clay & Sand</u>		<u>49</u>	<u>62</u>	<u>13</u>
<u>Fine to Medium</u>				
<u>Coarse to Med</u>		<u>62</u>	<u>68</u>	<u>6</u>
<u>Sandy Clay</u>				
<u>Med to Fine</u>				
<u>Grain Sand</u>				

39,521, 09 @ 6°N
119,978, 877°W
NAD 27-00

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>68</u>		<u>65</u>	

HOLE DIAMETER (BIT SIZE)

From	To
<u>7.5</u> Inches	<u>0</u> Feet <u>68</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>sch 40 PUC</u>	<u>0</u>	<u>55</u>

Perforations:

Type of perforation mill slot
Size of perforation 020

From 55 feet to 65 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 53 to 68 Pumped Poured
Type: #3

Bentonite Chips: Yes No 50 to 53 Pumped Poured
Type: Med Chip

Date started: 8-24, 20 08
Date completed: 8-24, 20 08

7. Water Level
Static water level: 15.2 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: NA °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<u>pump</u>	<u>3</u>	<u>NA</u>	<u>2</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDC Explorations Contractor
Address PO Box 141 Contractor
Zamora CA 95698
Nevada contractor's license number 12852
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111

Signed Jim White
By driller performing actual drilling on-site or contractor
Date 3-5-09

RECEIVED

JUL 09 2009

STATE ENGINEER'S OFFICE

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY