

PRINT OR TYPE ONLY
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Plugging

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. **59089**

1. OWNER **Gary McMinn** ADDRESS AT WELL LOCATION **# 1 Spence Lane**
 MAILING ADDRESS **17415 Treat Ave** **Yerington NV.**
Anderson, CA 96007

2. LOCATION **SW 1/4 SE 1/4 Sec. 5 T 13N N/S R 26E E Lyon County**
 PERMIT NO. **30265** Issued by Water Resources Parcel No. **014-571-16** 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	Thick-ness
On this date we abandoned a 8" X 165' well by perforating from 80' to surface with Mills Knife. We then pumped 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.				
NAD 83 N 39.01448 W 119.09864				
<i>39.014562°N</i>				
<i>119.097654°W</i>				
<i>N49 27 (P)</i>				
<i>PLUS 6 WJ Well</i>				
<i>LOG(S) # 163 76</i>				
<i>AND 20685</i>				

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

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	165

Perforations:
 Type perforation **Mills Knife**
 Size perforation **Puncture**

From _____ 0 feet to _____ 80 feet
 From _____ feet to _____ feet

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **15** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **3/6/2007** 19____
 Date completed **3/6/2007** 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.		Time (Hours)
	Draw Down (Feet Below Static)		
<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 **2271**

Signed *R. Bruce MacKay*
 By driller performing actual drilling on-site or contractor
 Date **3/9/2007**