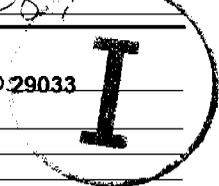


WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO 29033



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER St. Mary's Medical Center
 MAILING ADDRESS 235 W. 6th St.
Reno, NV 89503

ADDRESS AT WELL LOCATION _____
707 N. Sierra St. Reno, NV

2. LOCATION 1/4 NW 1/4 Sec. 11 T 19N
 PERMIT NO. Waiver 610 007-212-25
 Issued by Water Resources Parcel No.

N/S R 19E E Washoe County

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 |
|--|--------------|------|----|------------|
| We abandoned this well by pressure grouting with neat cement. We used approximately 5 sacks of cement. There was no water in the well. Total depth was 40.5' x 2" PVC. | | | | |
| | | | | |

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

HOLE DIAMETER (BIT SIZE)

| From | | To | |
|--------------|------------|------------|------------|
| _____ Inches | _____ Feet | _____ Feet | _____ Feet |
| _____ Inches | _____ Feet | _____ Feet | _____ Feet |
| _____ Inches | _____ Feet | _____ Feet | _____ Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2" PVC | | Sch 40 | -6 | 40.5 |

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 6/12/96, 19____
 Date completed 6/12/96, 19____

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

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 1719
 Signed R. J. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 6-13-96