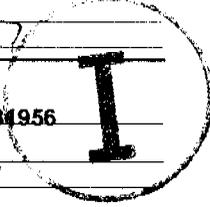


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 52060
 Permit No. _____
 Basin 087

NOTICE OF INTENT NO. 34956



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

1. OWNER Reson, Inc.
 MAILING ADDRESS 505 Valley Rd.
Reno, NV 89512

ADDRESS AT WELL LOCATION
208 E. 4th St. SE Corner 4th & Lake, Reno, NV
 N/S R 19E E Washoe County

2. LOCATION SE 1/4 NE 1/4 Sec. 11 T 19N
 PERMIT NO. M/O 367 007-311-09
 Issued by Water Resources Parcel No.

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
We abandoned this well by pressure grouting using approx. 2 sacks of neat cement. 2" PVC well x 29.2'. <i>MW 7?</i>				
<i>4th</i>				
<i>LAKE ST</i>				
<i>D 8</i>				
<i>D 5</i>				
<i>D 2</i>				
<i>D 6</i>				
<i>D 4</i>				
<i>D 1</i>				
<i>D 3</i>				
<i>N ↑</i>				

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

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2" PVC		Sch 40	-5	29.2

Perforations:
 Type perforation _____
 Size perforation _____

From _____	feet to _____	feet
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

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

Date started 6/7/96, 19____
 Date completed 6/7/96, 19____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 25.5 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 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. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 6-7-96