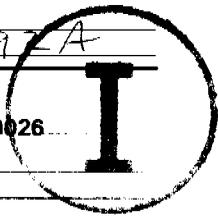


Washoe Gas!

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 52085
 Permit No. _____
 Basin 09-A



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. 29026

1. OWNER Myron (Ron) P. Dobner ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 18 Pelican Circle 10945 Plata Mesa
Half Moon Bay, CA 94109

2. LOCATION NW 1/4 NE 1/4 Sec. 25 T 21N N/S R 18E E Washoe County
 PERMIT NO. 8619302

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	Thickness
Top soil		0	4	4
See next line		4	90	86
Coarse multi colored sand w/clay				
Brown clay		90	92	2
Sand w/clay stringers		92	110	18
Coarse sand		110	115	5
Brown clay		115	120	5
Coarse sand		120	126	6
Brown clay		126	140	14
Multi colored coarse sand	xx	140	165	25

8. WELL CONSTRUCTION
 Depth Drilled 165 Feet Depth Cased 165 Feet

HOLE DIAMETER (BIT SIZE)
 From To
9 7/8 Inches 0 Feet 165 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>12.92</u>	<u>.188</u>	<u>0</u>	<u>165</u>

Perforations:
 Type perforation Factory
 Size perforation .070 x 3" x 9 around

From 155 feet to 165 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50+ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality not tested

Date started 5/23/96, 19____
 Date completed 5/24/96, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>		<u>1 hr.</u>

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 5-24-96