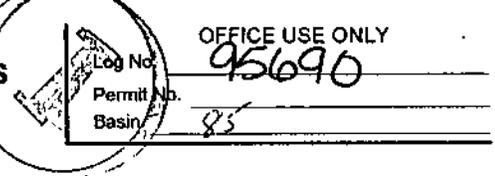


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

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. **54706**

1. OWNER **Daniel & Renee Serafini**
 MAILING ADDRESS **45 Bridle Path St. Sparks, NV 89436**
 ADDRESS AT WELL LOCATION **430 Alamosa Drive, Sparks**

2. LOCATION **SW 1/4 SE 1/4 Sec. 12 T 21N N/S R 20E E Washoe County**
 PERMIT NO. **W1050012** **76-290-10** **Spanish Springs Valley Ranchos Unit #1**
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
 6. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Sand		0	9	9
Weathered granite		9	23	14
Hard gray granite		23	67	44
Weathered soft granite with clay streaks		67	77	10
Weathered granite		77	97	20
Gray granite		97	136	39
Soft weathered granite		136	143	7
Gray weathered granite		143	196	53
Softer granite		196	204	8
Gray granite hard		204	284	80
Soft zone no water		284	286	2
Gray granite		286	305	19
Weathered hard granite		305	348	43
Gray granite		348	379	31
Fracture W/B	x	379	380	1
Gray granite		380	401	21
Fractures W/B	x	401	406	5
Weathered granite		406	417	11
Fractures W/B	x	417	418	1
Weathered granite		418	429	11
Fracture W/B	x	429	430	1
Weathered granite		430	441	11
Fracture	x	441	442	1
Weathered granite		442	450	8

8. WELL CONSTRUCTION
 Depth Drilled **450** Feet Depth Cased **450** Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	50
8 5/8 Inches	50	450

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	450

Perforations:
 Type perforation **Factory machine cut**
 Size perforation **3/32 X 3**
 From **385** feet to **445** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **56** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **450** feet to **56** feet

9. WATER LEVEL
 Static water level **351** 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 **923**
 Signed **R. Bruce MacKay**
 By driller performing actual drilling on-site & contractor
 Date **2/21/2005**

Date started **2/11/2005**, 19
 Date completed **2/17/2005**, 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	30		2 hours