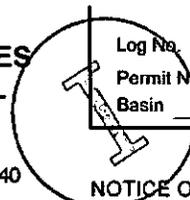


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

97050

Log No.
 Permit No.
 Basin

452B

NOTICE OF INTENT NO. 55304

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 **Robert Wosick** ADDRESS AT WELL LOCATION **000 Bernoulli St. Golden Valley**
 MAILING ADDRESS **8322 Kelly Ln. Reno, NV 89506**

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **03** T **20N** N/S R **19E** E **Washoe** County
 PERMIT NO. **552-210-10** 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
D.G.		0	27	27
Soft Granite		27	39	12
Weatherd granite		39	190	151
Rusty brown granite		190	260	70
Hard weatherd granite		260	303	43
Soft weatherd granite		303	310	7
Hard weatherd granite		310	315	5
Soft zone	x	315	319	4
Granite		319	330	11
Soft zone	x	330	333	3
Granite		333	352	19
Soft zone	x	352	354	2
Weatherd granite		354	371	17
Soft zone		371	373	2
Weatherd granite		373	377	4
Fracture	x	377	379	2
Weatherd granite		379	402	23
Fracture		402	404	2
Weatherd granite		404	423	19
Fracture		423	424	1
Granite		424	446	22
Fracture		446	447	1
Fracture	x	447	465	18
Granite		465	475	10

Washoe County Well Permit # WL 050065

8. WELL CONSTRUCTION
 Depth Drilled **475** Feet Depth Cased **475** Feet
 HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **52** Feet
10 5/8 Inches
 From **52** Feet To **475** Feet
8 5/8 Inches
 From _____ Feet To _____ Feet
 From _____ inches To _____ inches
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	475

 Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From **370** feet to **390** feet
 From **410** feet to **430** feet
 From **450** feet to **470** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **52** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **52** feet to **475** feet

9. WATER LEVEL
 Static water level **275** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cool** °F Quality **Not tested**

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 of contractor
 Date **6/6/2005**

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
Draw Down (Feet Below Static)			
Time (Hours)			3

TEST METHOD: **30**
 G.P.M. _____
 TIME: **05 JUN 23 AM 11:30**
 RECEIVED
 STATE ENGINEERS OFFICE