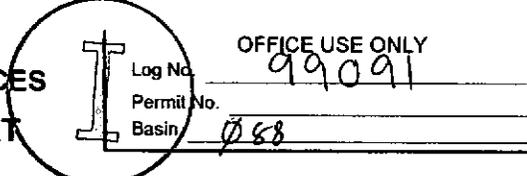


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



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. **56595**

1. OWNER **Thomas Cullen** ADDRESS AT WELL LOCATION **5605 Goldenrod Reno**
 MAILING ADDRESS **5605 Goldenrod Reno, NV 89511**

2. LOCATION **NW 1/4 NW 1/4 Sec. 2 T 17N** N/S R **19E** E **Washoe** County
 PERMIT NO. **Dom 05-043** **045-541-20** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand cobbles rock gravel	x	275	335	60
Sand cobbles rock gravel some clay	x	335	415	80
Sand gravel	x	415	440	25
Washoe County Well Permit # WL 050311				

8. WELL CONSTRUCTION
 Depth Drilled **440** Feet Depth Cased **440** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** inches To **440** Feet
 From _____ inches To _____ Feet
 From _____ inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	230	440

Perforations:
 Type perforation **Air perforator**
 Size perforation **Puncture**
 From **410** feet to **435** feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level **230** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **Cool** °F Quality **Not tested**

Date started **11/28/2005**, 19
 Date completed **11/30/2005**, 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	50		3

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 **1790**
 Signed *R. Bruce MacKay*
 By driller performing actual drilling on-site or contractor
 Date **12/1/2005**