

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 99445
 Permit No. _____
 Basin 91B

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. **57389**

1. OWNER Spencer Brown Estate
 MAILING ADDRESS 11545 Oregon Blvd. Reno, NV 89506
 ADDRESS AT WELL LOCATION 11545 Oregon Blvd Reno

2. LOCATION NE 1/4 NE 1/4 Sec. 15 T 21N N/S R 19E E Washoe County
 PERMIT NO. DOM06-013 080-415-04 Parcel No. _____
 Issued by Water Resources _____ 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
Weatherd granite sands		211	224	13
Gray granite hard		224	253	29
Soft zone fracture with clay		253	260	7
Gray granite		260	274	14
Soft zone with clay streaks		274	280	6
Gray granite		280	301	21
Fracture	x	301	302	1
Gray to green granite		302	327	25
Soft zone		327	330	3
Gray to green granite		330	349	19
Soft fracture granite		349	373	24
Gray granite		373	390	17
Fracture	x	390	391	1
Gray granite		391	403	12
Fracture	x	403	421	18
Gray granite		421	425	4

Washoe County Well Permit # WL060045

8. WELL CONSTRUCTION
 Depth Drilled 425 Feet Depth Cased 425 Feet

HOLE DIAMETER (BIT SIZE)
 From 7 7/8 Inches 211 Feet To 425 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>192</u>	<u>425</u>

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From _____ feet to _____ feet
 From 302 feet to 322 feet
 From 382 feet to 422 feet
 From _____ feet to _____ 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 210 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

Date started 3/28/2006 19____
 Date completed 3/30/2006 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>18</u>	<u>3</u>	<u>3</u>

Signed R. Bruce MacKay
 By driller performing actual drilling on-site of contractor
 Date 3/31/2006