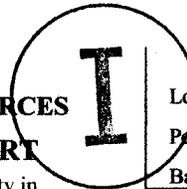


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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



OFFICE USE ONLY
 Log No. 101612
 Permit No. _____
 Basin 103

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **58222**

1. OWNER **DAVE STEWART CAPITAL CITY CONST.** ADDRESS AT WELL LOCATION **1280 W. 10TH ST SILVER SPRINGS**

2. LOCATION NW NE 1/4 1/4 Sec **24** T **17** N R **24** E **LYON** County

PERMIT NO. **17-414-06**
 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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	3	3
VOLCANIC BOULDERS		3	27	24
COURSE DG SANDS		27	134	107
DG SANDS		134	186	52
HARDPAN CLAY		186	214	28
COURSE DG SANDS		214	241	27
FRACTURED DG	XXX	241	300	59
GPS INFO: 39.32854*N <u>NAD 83</u> 119.23687*W				

8. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet
 From **0** Feet To **300** 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)
6 5/8	13.03	.188	+2	20
6 5/8 sdr21	4.06	.216	20	300

Perforations:
 Type perforation **SAW CUT**
 Size perforation **3 X 3/32**
 From **260** feet to **300** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **55** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55** feet to **300** feet

9. WATER LEVEL
 Static water level **175** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **9/21, 20 06**
 Date completed **9/24, 20 06**

7. WELL TEST DATE

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	25	45	3 HRS

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **CAPITAL CITY WELL DRILLING**
 (CONTRACTOR)
 Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706

Nevada contractor's license number issued by the State Contractor's Board **0055548**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**

Signed *Rich Crane*
 By driller performing actual drilling on site or contractor
 Date **10/11/06**