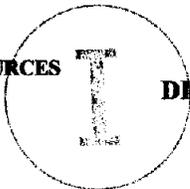


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY



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

OFFICE USE ONLY
 Log No. 103142
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 58251

PRINT OR TYPE ONLY

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

1. OWNER CANYON CREEK CONSTRUCTION ADDRESS AT WELL LOCATION NONE
 MAILING ADDRESS P.O. BOX 21270

CARSON CITY, NV 89721

2. LOCATION NE 1/4 SW 1/4 Sec 30 T13 N R 20 E DOUGLAS County

PERMIT NO. Sw SE 1320-19-000-004

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 N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
DESTROYED A 12" DEWATERING WELL 9' DEEP		0	9	9
PUMPED FULL OF NEAT CEMENT PLACED A 10' 2" PIPE TO BOTTOM AND PUMPED FULL OF NEAT CEMENT THEN PULLED OUT CASING				
<u>N 38.970400</u>				
<u>W 119.77723 N 1027</u>				
GPS INFO: NAD 83 38.97030*N 119.77872*W				

8. WELL CONSTRUCTION

Depth Drilled N/A Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
<u>N/A</u> Inches			Feet	Feet
_____ Inches			Feet	Feet
_____ Inches			Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>N/A</u>				

Perforations:
 Type perforation N/A
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL

Static water level _____ N/A feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ N/A °F Quality N/A

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 1905

Signed [Signature]

By driller performing actual drilling on site or contractor

Date 4/5/07

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
	<u>N/A</u>		
		<u>2007 APR 10 PM 3:35</u>	