

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

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 104316
 Permit No. _____
 Basin 105

PRINT OR TYPE ONLY

1. OWNER MARION WELER
 MAILING ADDRESS 144TAMBOURINE RANCH RD
GARDNERVILLE, NV 89406
 ADDRESS AT WELL LOCATION 2659 GORDON LN
MINDEN, NV 89423

2. LOCATION SW 1/4 SW 1/4 Sec 34 T 14 N R 20 E DOUGLAS County
 PERMIT NO. 1420-34-310-027
 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	Thick-ness
OLD 8 5/8 WELL		+1	102	102
JETTED WELLOUT TO 102' MADE ONLY 6 GPM				
STARTED PERFINING HIT CEMENT 46'				
PRFED FROM 50' TO 84 FT				
TRIMMED 1 1/4 PIPE TO BOTTOM AND PUMPED FULL OF 2.5 YARDS NEAT CEMENT				
GPS INFO: NAD 83				
39.03176*N				
119.72856*W				
<u>N 39.031861</u>				
<u>W 119.727563 NAD83</u>				

8. WELL CONSTRUCTION
 Depth Drilled N/A Feet Depth Cased N/A Feet
 HOLE DIAMETER (BIT SIZE)
 From N/A Inches To _____ Feet
 _____ Inches Feet
 _____ Inches Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>		<u>.188</u>	<u>+1</u>	<u>102</u>

 Perforations:
 Type perforation N/A
 Size perforation N/A
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From N/A feet to N/A feet

Date started 9/17, 20 07
 Date completed 9/17, 20 07

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	<u>6</u>	<u>25</u>	<u>N/A</u>

9. WATER LEVEL
 Static water level 64 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality GOOD

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 9/19/07