

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. 104471
 Permit No. _____
 Basin 10

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

NOTICE OF INTENT NO. **58263**

PRINT OR TYPE ONLY

1. OWNER **STAN VOGEL**
 MAILING ADDRESS _____
RENO, NV 89502
 ADDRESS AT WELL LOCATION **4849 RANCHERIA FALLON, NV**

2. LOCATION **SW 1/4 NW 1/4 Sec 16 T 19 N R 28 E** **CHURCH HILL** County
 PERMIT NO. **008-121-99**
 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
COURSE SANDS		0	6	6
GRAY CLAY GUMMY		6	42	36
GRAY SILTY SANDS		42	136	94
GRAY CLAY		136	163	27
BLACK AND WHITE SILTY SANDS	XXX	163	200	37

8. WELL CONSTRUCTION
 Depth Drilled **200'** Feet Depth Cased **200** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **200** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ 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 sdr 21	4.06	.216	20	200

Perforations:
 Type perforation **SAW CUT**
 Size perforation **3 X 3/32**
 From **180** feet to **200** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **200** feet

GPS INFO: NAD 83
39.51104*N
118.85369*W

N 39.511041
W 118.852711 NAD83

9. WATER LEVEL
 Static water level **10** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **5/18, 20 07**
 Date completed **5/22, 20 07**

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

7. WELL TEST DATE

TEST METHOD:	Draw Down	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M. 35+ (Feet Below Static) 40		3 HRS
RECEIVED		

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 *Michael J. Hawk*
 By driller performing actual drilling on site or contractor
 Date **6/2/07**