

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. 10472
 Permit No. 101
 Basin 101

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. 48263
 ADDRESS AT WELL LOCATION 4891 RANCHERIA
FALLON, NV

1. OWNER **ROB STINNETTE**
 MAILING ADDRESS
RENO, NV 89502

ADDRESS AT WELL LOCATION 4891 RANCHERIA
FALLON, NV

2. LOCATION SW 1/4 NW 1/4 Sec 16 T 19 N R 28 E **CHURCH HILL** County
 PERMIT NO. 008-121-98
 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

GPS INFO: NAD 83
 39.51106*N
 118.84445*W
 N 39.511161
 W 118.8444571 NAD22

8. WELL CONSTRUCTION
 Depth Drilled 200' Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 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

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 5/23, 20 07
 Date completed 5/25, 20 07

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)

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>35+</u>	<u>35</u>	<u>3 HRS</u>

RECEIVED

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 Z...
 By driller performing actual drilling on site or contractor
 Date 6/2/07