

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

OFFICE USE ONLY
Log No. 106234
Permit No. _____
Basin 107

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 61846

1. OWNER MIKE LOMBARD ADDRESS AT WELL LOCATION # 5 HUDSON AURORA
MAILING ADDRESS P.O. BOX 147 SMITH VALLEY, NV 89430
Subdivision Name: _____ County: Lyon

2. LOCATION SW 1/4 NE 1/4 Sec 21 T 11N N/S R 24 E Latitude 38.80101°N UTM E NAD 27
PERMIT/WAIVER No. 3E 009-111-05 Longitude 119.29248°W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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 | Thickness |
| HARD PAN CLAY | | 0 | 6 | 6 |
| BROWN SILTY CLAY | | 6 | 21 | 15 |
| COURSE OBSIDIAN SANDS | | 21 | 136 | 115 |
| BROWN CLAY | | 136 | 168 | 32 |
| COURSE DG SANDS | | 168 | 183 | 15 |
| BROWN CLAY | | 183 | 209 | 26 |
| COURSE FRACTURED SAND | XXX | 209 | 260 | 51 |
| <u>N 38.80103</u> | | | | |
| <u>W 119.291499 NAD 27</u> | | | | |

| 9. WELL CONSTRUCTION | | | |
|----------------------|------|-------------|------|
| Depth Drilled | Feet | Depth Cased | Feet |
| 260 | | 260 | |

| HOLE DIAMETER (BIT SIZE) | | | |
|--------------------------|------|-----|------|
| Inches | From | To | Feet |
| 11 | 0 | 260 | |

| CASING SCHEDULE | | | | |
|--------------------|---------------------|-------------------------|-------------|-----------|
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Well Thickness (Inches) | From (Feet) | To (Feet) |
| 6 5/8 | 13.03 | 188 | +2 | 20 |
| sdr 21 | 4.06 | 216 | 20 | 260 |

Perforations:
Type of perforation SAW CUT
Size of perforation 3 X 3/32
From 220 feet to 260 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

| | | | |
|--|-----------------------|---------------------------------|--|
| <input type="checkbox"/> Neat Cement | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input checked="" type="checkbox"/> Cement Grout | <u>0</u> to <u>60</u> | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> ≥30% Bentonite Grout | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |

Gravel Pack: Yes No 80 to 260 Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 01-May, 20 08
Date completed: 05-May, 20 08

7. Water Level
Static water level: 90 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

| 8. WELL TEST DATA | | | |
|---|-----------|-------------------------------|--------------|
| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>30</u> | <u>60</u> | <u>3 HRS</u> |
| | | | |
| | | | |

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 AND PUMP SYSTEM INC.
Contractor
Address # 20 KIT KAT DRIVE
Contractor
CARSON CITY, NV 89706
Nevada contractor's license number _____
issued by the State Contractor's Board 00055548
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1905
Signed Michael Mack
By driller performing actual drilling on site as contractor
Date 05/06/2008

USE ADDITIONAL SHEETS IF NECESSARY

CC: 1110 02 JUN 2008