

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

OFFICE USE ONLY *106596*
Log No. _____
Permit No. _____
Basin *105*

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. 62907

1. OWNER **JEFF STEPHENSON** ADDRESS AT WELL LOCATION **787 PINTO CR**
MAILING ADDRESS **P.O. BOX 710** **GARDNERVILLE, NV 89410**
NE **CARSON CITY NV 89702** Subdivision Name: _____ County: **Douglas**

2. LOCATION ~~NE~~ *NE* 1/4 Sec **24** T **12N** N/S R **20** E Latitude **38.89551°N** UTM E NAD 27
PERMIT/WAIVER No. *NW* **1220-24-101-022** Longitude **119.68877°W** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other **ABANDONMENT**
4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
WENT IN TO DEEPEN WELL		2	121	119
FOUND CASING TO BE VERY CROOKED AND NOT ABLE TO DEEPEN WELL				
PULLED PUMP AND PERF. FROM 50' TO 100'				
PLACED TRIMMIEPIPE TO BOTTOM AND PUMPED WITH NEAT CEMENT TO SURFACE 3 YRDS CEMENT				
<i>AL26-895603</i>				
<i>W 119-687763-10027</i>				
<i>2008 SEP - 3 AM 11:19</i>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
N/A		121	

HOLE DIAMETER (BIT SIZE)

From	To	From	To
N/A	N/A	N/A	N/A

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	15.65	.188	+2	121

Perforations:

Type of perforation	Size of perforation	From	feet to	feet
N/A	N/A			

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	N/A to _____	<input type="checkbox"/> Pumped	<input 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 **N/A** to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: **N/A**

7. Water Level

Static water level: **106** feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: **COLD** °F

Quality: **BAD**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	2	10	10 MIN

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 SERVICE INC.**
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 H. Hack*
By driller performing actual drilling on site or contractor

Date **08/31/2008**

Rev. 02-09

USE ADDITIONAL SHEETS IF NECESSARY