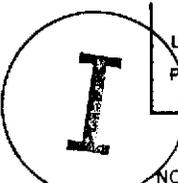


STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



OFFICE USE ONLY

Log No. 109265  
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. 64710

1. OWNER GARY WELLS ADDRESS AT WELL LOCATION #16 LOBDEL LN  
MAILING ADDRESS 2320 SHASTA WAY UNIT E SMITH VALLEY NV, 89444  
NW SIMI VALLEY, CA 93065 Subdivision Name: \_\_\_\_\_ County: Douglas

2. LOCATION N 1/4 SW 1/4 Sec 32 T 10N N/S R 24 E Latitude 38.69130°N UTM E  NAD 27  
PERMIT/WAIVER No. NE 010-761-40 Longitude 119.31870°W N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Other

4. PROPOSED USE  
 Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Municipal/Industrial  Monitor  Stock  Air  Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
LARGE BOULDERS		0	26	26
LARGE GRAVELS		26	38	12
COURSE GRAVELS		38	87	49
BROWN CLAY		87	232	145
OBSIDIAN SANDS AND GRAVELS	X	232	360	128
HARD BLACK SLATE		360	410	50
FRACTURED OBSIDIANS		410	485	75
FRACTURED SOFT AREA SANDS AND GRAVELS	XX	485	560	75
<u>38.691388°N</u>				
<u>119.318708°W</u>				
<u>NAD 24 (TA)</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>560</u>		<u>560</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
<u>10 5/8</u>	<u>0</u>	<u>200</u>	<u>200</u>	<u>200</u>
<u>9 7/8</u>	<u>200</u>	<u>360</u>	<u>360</u>	<u>360</u>
<u>6 1/8</u>	<u>360</u>	<u>560</u>	<u>560</u>	<u>560</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Well Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+2</u>	<u>360</u>
<u>5 1/2</u>	<u>3.89</u>	<u>2.16</u>	<u>340</u>	<u>560</u>
<u>SDR 21</u>				

Perforations:

Type of perforation FACTORY MILL SLOT  
Size of perforation 3 x 3/32

From	feet to	feet
<u>340</u>	<u>360</u>	<u>360</u>
<u>480</u>	<u>500</u>	<u>500</u>
<u>520</u>	<u>560</u>	<u>560</u>

Annular Seal:  Yes  No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>100</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ 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 100 to 560  Pumped  Poured  
Type: PEAT GRAVEL

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
Type: \_\_\_\_\_

Date started: 02-Nov , 20 09  
Date completed: 11-Nov , 20 09

7. Water Level  
Static water level: 340 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"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>15</u>	<u>95</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 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 [Signature]  
By driller performing actual drilling or site or contractor  
Date 11/15/2009

USE ADDITIONAL SHEETS IF NECESSARY

81 :ZINJ 08 AON 600Z