

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

OFFICE USE ONLY
Log No. 110555
Permit No. _____
Basin 103

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. 64165

1. OWNER PAT HUGHES ADDRESS AT WELL LOCATION 240 SUTRO RD
MAILING ADDRESS 240 SUTRO RD DAYTON NV 89403
Subdivision Name: _____ County: Lyon

2. LOCATION NE 1/4 NE 1/4 Sec 8X T 18N N/S R 22 E Latitude 39.27083° N UTM E _____ NAD 27
PERMIT/WAIVER No. 016-352-07 Longitude 119.52841° 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 | Thick-ness |
|-------------------|--------------|------|-----|------------|
| OVER BURDEN | | 0 | 4 | 4 |
| BROWN SILTY CLAY | | 4 | 65 | 61 |
| BROWN CLAY | | 65 | 125 | 60 |
| BROWN SILTY SANDS | | 125 | 146 | 21 |
| BROWN CLAY | | 146 | 180 | 34 |
| COURSE DG SANDS | XXX | 180 | 220 | 40 |

Replaces well log # 88405

39.270, 916° N NAD 27 D.P.
119.527, 405° W

9. WELL CONSTRUCTION

| Depth Drilled | Feet | Depth Cased | Feet |
|---------------|------|-------------|------|
| 220 | | 220 | |

HOLE DIAMETER (BIT SIZE)

| From | To |
|---------------|--------------------|
| 10 5/8 inches | 0 feet to 220 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 | 4.06 | .216 | 20 | 220 |

Perforations:

Type of perforation SAW CUT
Size of perforation 3 X 3/32

| From | feet to | feet |
|------|---------|------|
| 180 | 220 | |

Annular Seal: Yes No

| Material | to | to | to |
|--|----|----|--|
| <input type="checkbox"/> Neat Cement | | | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input checked="" type="checkbox"/> Cement Grout | 0 | 70 | <input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout | | | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input type="checkbox"/> 230% Bentonite Grout | | | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |

Gravel Pack: Yes No 70 to 220 Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 06-Apr, 20 09
Date completed: 09-Apr, 20 09

7. Water Level
Static water level: 65 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 type="checkbox"/> Air Lift | 30 | 35 | 3 HRS |

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 on site or contractor

Date 04/14/2009

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE

MML-F

2009 APR 22 AM 11:15

RECEIVED