

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

OFFICE USE ONLY
Log No. 112325
Permit No. 78845
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. 66145

1. OWNER Genoa
GEONA LIVE STOCK CATTLE CO.
MAILING ADDRESS 640 GEONA LANE
GEONA, NV

ADDRESS AT WELL LOCATION 640 GEONA LANE
GEONA, NV
Subdivision Name: _____ County: Douglas

2. LOCATION SE 1/4 SE 1/4 Sec 2 T 13N N/S R 19 E
PERMIT/WAIVER No. 78845 1319-12-000-018
Issued by Water Resources Parcel No. _____

Latitude 39.01224°N UTM E NAD 27
Longitude 119.81051°W N NAD 83/WGS 84

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	2	2
COURSE DG SANDS		2	34	32
GRAY CLAY		34	86	52
DG SANDS AND SILTY SAND	XXX	86	102	16
GRAY CLAY		102	128	26
1/4" GRAVELS AND SANDS	XXX	128	160	32
<i>Old well plugged by Well Log # 112324</i>				
<i>NAD-27 GPS</i>				
<i>39.012332°N</i>				
<i>119.809498°W</i>				

9. WELL CONSTRUCTION				
Depth Drilled	160'	Feet	Depth Cased	160
HOLE DIAMETER (BIT SIZE)				
	From	To		
	<u>10 3/4</u> Inches	<u>0</u> Feet	<u>160'</u> Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+1</u>	<u>20</u>
<u>6 5/8</u>	<u>4.26</u>	<u>.216</u>	<u>20</u>	<u>160</u>
<u>SDR 21</u>				

Perforations:
Type of perforation FACTORY SLOT
Size of perforation .032
From 130 feet to 160 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 160 Pumped Poured
Type: PEA GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 01-Nov, 20 2010
Date completed: 04-Nov, 20 2010

7. Water Level
Static water level: 1 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>45+</u>	<u>45</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 on site or contractor
Date 11/08/2010