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**WELL DRILLER'S REPORT**  
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

19 Ruby Lane 88875  
 NOTICE OF INTENT NO. 38882  
28 Arrowhead DR

1. OWNER The Accurate Companies ADDRESS AT WELL LOCATION 28 Arrowhead DR  
 MAILING ADDRESS 59 Coney Island Dr. Sparks NV 89431 29 Ruby Ln. Carson City NV 89201  
 2. LOCATION WENW NE 1/4 Sec. 6 T. 15 N. R. 20 E. Carson County  
 PERMIT NO. 24554 8-052-14 208557 08546 Arrowhead Project Eagle Valley Vote Sub  
Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Set up over old				
8" 140' Well cleaned				
out to bottom				
Trimming pipe to				
bottom and pumped				
pull of <del>25%</del>				
Wood cement				
and Redbrackal				
4x Row Bars				
top to bottom.				
Unable to perforate				
due to condition of				
casing, bent, and				
perforator would not				
fit the 8" i.d.				
casing size. Met D.				

8. WELL CONSTRUCTION  
 Depth Drilled..... Feet Depth Cased..... Feet  
 HOLE DIAMETER (BIT SIZE)  
 To  
 Inches..... Feet..... Feet  
 Inches..... Feet..... Feet  
 Inches..... Feet..... Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>FF</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:  
 Type perforation.....  
 Size perforation.....  
 From..... feet to..... feet  
 From..... feet to..... feet  
 From..... feet to..... feet  
 From..... feet to..... feet  
 From..... feet to..... feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Depth of Seal.....  
 Cement Grout  
 Placement Method:  Pumped  Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From..... feet to..... feet

9. WATER LEVEL  
 Static water level..... 30 feet below land surface  
 Artesian flow..... G.P.M. 25 P.S.I.  
 Water temperature Cold °F Quality Good

Date started..... 2-25-99....., 19.....  
 Date completed..... 2-25-99....., 19.....

7. 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>N/A</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  
 Address..... 20 Kit Kat Drive Carson City NV 89706  
 Nevada contractor's license number issued by the State Contractor's Board..... 41775  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller..... 1905  
 Signed..... Michael L. Hesk  
 By driller performing actual drilling on site or contractor  
 Date..... 2-28-99