

Log No. 77214
 Permit No. 105
 Basin _____

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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

NOTICE OF INTENT NO. 26826

1. OWNER ROBERT GOOD DEO ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2395 EASTWOOD DR 212 FOOTHILLS MEADOWS CRT
CARSON CITY 89701 GEARNA NV
 2. LOCATION NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 10 T. 13 S. R. 19 E. DOUGLAS County
 PERMIT NO. 17-084-30 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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>TOP SOIL</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>GRAVEL^s</u>		<u>3</u>	<u>30</u>	<u>27</u>
<u>D.G. i CLAY (BROWN)</u>		<u>30</u>	<u>50</u>	<u>20</u>
<u>SLATE / GRAVEL COBBLES</u>		<u>50</u>	<u>120</u>	<u>70</u>
<u>D.G. i CLAY</u>		<u>120</u>	<u>130</u>	<u>10</u>
<u>D.G. i SMALL GRAVEL</u>	<u>XXXX</u>	<u>130</u>	<u>160</u>	<u>30</u>

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 160 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 9/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation MILL SLOT
 Size perforation _____
 From 140 feet to 160 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 160 feet

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

Date started 8-25 1999
 Date completed 8-27 1999

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 checked="" type="checkbox"/> Air Lift	<u>AIR</u>	<u>30</u>	<u>90</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
 Address 20 KIKI 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-TI
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-27-99

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 STATE ENGINEERS OFFICE