

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

OFFICE USE ONLY  
 Log No. **82130**  
 Permit No. **105**  
 Basin **105**  
 NOTICE OF INTENT NO. **42915**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **DE JANSSE & CO INC.** ADDRESS AT WELL LOCATION **1382 BUCKWHEAT CIR.**  
 MAILING ADDRESS **1589 SARATOGA CIR** **GARDNERVILLE NV, 89410**  
**MINDEN NV, 898423**

2. LOCATION **SW 1/4 SW 1/4 Sec 36 T 13 N R 20 E DOUGLAS County**  
 PERMIT NO. **1220-10-001-005**

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 Issued by Water Resources Parcel No. Subdivision Name

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
COBBLES AND SANDS		0	15	15
COURSE SANDS AND GRAVELS		15	65	50
BROWN CLAY AND SANDS		65	110	45
OBSIDIAN SANDS AND GRAVELS		110	176	66
BROWN DRY CLAY STRATA		176	223	47
FRACTURED GRAVELS AND GRAVELS	XXX	223	260	37

8. WELL CONSTRUCTION

Depth Drilled **260** Feet Depth Cased **260** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 3/4</b> Inches	<b>0</b> Feet <b>260</b> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>65/8</b>	<b>13.00</b>	<b>.188</b>	<b>0</b>	<b>260</b>

Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3X 3/32**

From	To
<b>220</b> feet to	<b>260</b> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50 Per Tekon**  Neat Cement  
 Placement Method:  Pumped w/Caps  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **50** feet to **260** feet

9. WATER LEVEL

Static water level **120** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **30** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

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**  
 (CONTRACTOR)  
 Address **20 KIT KAT DRIVE**  
 (CONTRACTOR)  
**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 Heck*  
 By driller performing actual drilling on site or contractor  
 Date **10/31/00**

Date started **10/29, 20 00**  
 Date completed **10/31, 20 00**

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>30</b>	<b>45</b>	<b>3 HRS</b>

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