

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 82138
 Permit No. 105
 Basin 105

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

NOTICE OF INTENT NO. **42007**

PRINT OR TYPE ONLY

1. OWNER **MARK MCCUBBIN**
 MAILING ADDRESS **CARSON CITY, NV 89701**
 ADDRESS AT WELL LOCATION **3855 VICKEY LANE MINDEN, NV 89423**

2. LOCATION SW SE
NW NE 1/4 SW 1/4 Sec W 3 T 14 N R 20 E Carson City DOUGLAS County
 PERMIT NO. SW SE **10-492-05**

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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVERBURDEN		0	3	3
DG SANDS AND FINE SANDS		3	36	33
DG GRAVELS		36	76	40
BROWN DG CLAY		76	111	35
FRACTURED DG SAND AND GRAVELS VERY RUSTY AND STAINED GRANITE	XXX	111	140	29

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 3/4** Inches To **0** Feet **140** Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	14.45	.188	0	140

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **120** feet to **140** feet
 From feet to feet
 From feet to feet
 From feet to 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 **140** feet

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

Date started **9/21, 20 00**
 Date completed **9/26, 20 00**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATE

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	25	35	3 HRS

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 Beck
 By driller performing actual drilling on site or contractor
 Date **9/26/00**