

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. 85444
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 46383

PRINT OR TYPE ONLY

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

1. OWNER **ENDLESS OPPERTUNITIES INC.** ADDRESS AT WELL LOCATION **1908 COLT GARDNERVILLE, NV 894510**
 MAILING ADDRESS **2562 SILVER STATE PARKWAY MINDEN, NV 89423**

2. LOCATION **NE 1/4 SW 1/4 Sec 24 T 12 N R 20 E DOUGLAS County**
 PERMIT NO. **1220-24-601-026 1220/24/601/26** **RHUENSTROTH SUBDIVISION**
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
HARDPAN CLAY		0	5	5
COURSE SANDS AND BROWN CLAY		5	16	9
COURSE GRAVELS		16	21	5
BROWN CLAY		21	45	24
SMALL GRAVELS		45	119	84
CLAY SEAMS				
BROWN CLAY		119	165	46
LARGE FRACTURED GRAVELS	XXX	165	200	35

8. WELL CONSTRUCTION

Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 3/4 Inches	0 Feet 100 Feet
9 7/8 Inches	100 Feet 200 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	200

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

From	To
160 feet to 200 feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	

Surface Seal: Yes No Seal Type:
 Depth of Seal **55'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55** feet to **200** feet

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25	40	3 HRS

Date started **12/03, 20 01**
 Date completed **12/06, 20 01**

9. WATER LEVEL
 Static water level **45** feet below land surface
 Artesian flow _____ G.P.M. **25** 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 Black*
 By driller performing actual drilling on site or contractor
 Date **12/7/01**