

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. 88800
 Permit No. 107
 License No. 107

PRINT OR TYPE ONLY

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

OWNER **ROB STINNETT CONSTRUCTION** ADDRESS AT WELL LOCATION **#7 COLONY ESTATE DR WELLINGTON NV, 89443**

MAILING ADDRESS **P.O. BOX 2651 GARDNERVILLE, NV 89410**

2. LOCATION **SE 1/4 SE 1/4 Sec 34 T 11 N R 23 E LYON County**

PERMIT NO. **09/142/02** 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	Thickness
OVERBURDEN		0	4	4
HARDPAN CLAY		4	8	4
COURSE SANDS		8	13	5
BROWN CLAY		13	68	55
SILTY SANDS		68	95	27
BROWN CLAY		95	160	65
FRACTURED GRAVELS	XXX	160	190	30

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8. WELL CONSTRUCTION

Depth Drilled **190** Feet Depth Cased **190** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 3/4 Inches	0 Feet 190 Feet
Inches	Feet 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	190

Perforations:

Type perforation **FACTORY MILL SLOT**

Size perforation **3 X 3/32**

From	170 feet to	190 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 **190** feet

9. WATER LEVEL

Static water level **70** 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)

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
25	35	3 HRS	

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 **2157**

Signed *Rick Coase*
 By driller performing actual drilling on site or contractor
 Date **3/12/03**