

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. 9018  
 Permit No. 49416  
 Basin 105

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

NOTICE OF INTENT NO. 46428  
 ADDRESS AT WELL LOCATION 1320-26-002-002  
 NOT GIVEN YET

PRINT OR TYPE ONLY

1. OWNER **GARY LIST**  
 MAILING ADDRESS **1655 HWY 395**  
**MINDEN, NV 89423**  
 ADDRESS AT WELL LOCATION **1320-26-002-002**  
 NOT GIVEN YET

2. LOCATION **SW** 1/4 **SE** 1/4 Sec **26** T **13** N R **20** E **DOUGLAS** County  
 PERMIT NO. **49416** **1320-26-002-002**  
 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
OVER BURDEN		0	3	3
BROWN CLAY		3	15	12
SMALL DG SANDS AND CLAT STRATAS		15	87	72
BROWN CLAY		87	139	52
SMALL GRAVELS FINE BROWN SANDS		139	155	16
COURSE GRAVELS AND DG SANDS	XX	155	205	50
SOFT FRACTURE AREA				

8. WELL CONSTRUCTION

Depth Drilled **205'** Feet Depth Cased **205** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>11</b> Inches	<b>0</b> Feet <b>205</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>6 5/8</b>	<b>13.03</b>	<b>.188</b>	<b>0</b>	<b>205</b>

Perforations:

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

From **185** feet to **205** 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 **105**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **105** feet to **205** feet

9. WATER LEVEL

Static water level **65'** feet below land surface  
 Artesian flow **G.P.M 35+ P.S.I**  
 Water temperature **COLD** °F Quality **GOOD**

Date started **5/6, 20 03**  
 Date completed **5/7, 20 03**

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 type="checkbox"/> Air Lift	<b>35+</b>	<b>45</b>	<b>3 HRS</b>

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 & PUMPS INC.**  
 (CONTRACTOR)  
 Address **20 KIT KAT DRIVE**  
 (CONTRACTOR)  
**CARSON CITY, NV 89706**  
 Nevada contractor's license number issued by the State Contractor's Board **55548**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**

Signed Rick Crane  
 By driller performing actual drilling on site or contractor  
 Date **5/10/03**