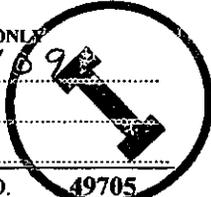


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 91189
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49705



PRINT OR TYPE ONLY

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

1. OWNER BAYAN LEWIS ADDRESS AT WELL LOCATION 1976 CURRENT CT
 MAILING ADDRESS 1115 WHITE OAK LOOP GARDNERVILLE, NV89410
MINDEN, NV 89423

2. LOCATION SW 1/4 SW 1/4 Sec 36 T 13 N R 20 E DOUGLAS County
 PERMIT NO. 1320-306-002-022

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
BROWN CLAY		3	9	6
SANDY CLAY DG SAND		9	135	126
BROWN CLAY		135	265	130
GRAY CLAY		265	386	121
GRAY GUMMY CLAY		386	427	41
BROWN CLAY SANDY		427	486	59
GRAY CLAY W/ SMALL BLACK SANDS	XXX	486	540	54
SOFT AREA				

RECEIVED
 OCT 28 AM 10:54
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 540 Feet Depth Cased 540 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 540 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	540

Perforations:
 Type perforation FACTORY MILL SLOT
 Size perforation 3 X 3/32
 From 480 feet to 500 feet
 From 520 feet to 540 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 540 feet

9. WATER LEVEL
 Static water level 170 feet below land surface
 Artesian flow _____ G.P.M. 30+ P.S.I.
 Water temperature WARM °F Quality GOOD

Date started 10/6, 20 03
 Date completed 10/16, 20, 03

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)	
<u>30+</u>	<u>135</u>	<u>3 HRS</u>	

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 89701
 Nevada contractor's license number issued by the State Contractor's Board 0055548
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2157
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10/20/03