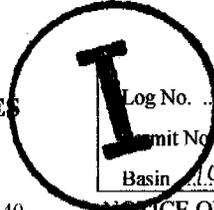


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES



OFFICE USE ONLY
 Log No. 92025
 Permit No. _____
 Basin 106

WELL DRILLER'S REPORT

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

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 49700

1. OWNER **ROB STINETTE CONSTRUCTION**
 MAILING ADDRESS **P.O. BOX 11**
WELLINGTON NV, 89444

ADDRESS AT WELL LOCATION **14 GARMS CIR**
SMITH VALLEY NV 89430

2. LOCATION **NW 1/4 SW 1/4 Sec 27 T 11 N R 22 E LYON County**
 PERMIT NO. **9-121-02**

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
BLOW SANDS		0	3	3
HARDPAN SANDS		3	6	3
SANDY BLOW SANDS		6	21	15
COURSE DG SANDS		21	87	66
BROWN CLAY		87	146	59
GRAY CLAY		146	167	21
FRACTURED DG SAND	XXX	167	220	53

8. WELL CONSTRUCTION

Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 220 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	220

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From 200 feet to 220 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 65 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 65 feet to 220 feet

9. WATER LEVEL
 Static water level 85 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.

Date started 9/18, 20 03
 Date completed 9/20, 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 checked="" type="checkbox"/> Air Lift	<u>25+</u>	<u>25</u>	<u>3 HRS</u>

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 **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 9-20-03