

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

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 93162
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49739



PRINT OR TYPE ONLY

1. OWNER **KURT JOHNSON DEVELOPMENT** ADDRESS AT WELL LOCATION **1964 LACEY LANE**
 MAILING ADDRESS **P.O. BOX 1848** **GARDNERVILLE, NV 89410**

2. LOCATION **SE 1/4 SE 1/4 Sec 24 T 12 N R 20 E** **DOUGLAS County**

PERMIT NO. **1220-24-701-037**
 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
HARD PAN CLAY		0	5	5
BROWN CLAY		5	15	10
COURSE GRAVELS		15	78	63
BROWN CLAY	(DRY)	78	162	84
BROWN GUMMY CLAY		162	192	30
SMALL SILTY SANDS		192	213	21
LOSS CIRCULATION		205		
SMALL OBSIDIAN SANDS AND GRAVELS	XX	213	260	37
			260	
			260	

APR 22 AM 11:07
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 260 Feet Depth Cased 260 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 260 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	260

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From 240 feet to 260 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 260 feet

9. WATER LEVEL
 Static water level 110 feet below land surface
 Artesian flow _____ G.P.M. 30 P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 4/2, 20 04
 Date completed 4/4, 20 04

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>30</u>	<u>40</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 KAY DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706
 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 Rick Crane
 By driller performing actual drilling on site or contractor
 Date 4/15/04