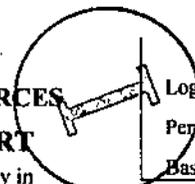


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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



OFFICE USE ONLY
 Log No. 95595

Permit No. _____

Basin 105

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 53533

1. OWNER MIKE BREA CONSTRUCTION
 MAILING ADDRESS PO Box 2436

ADDRESS AT WELL LOCATION 183 TAYLOR CREEK RD.
GARDNERVILLE, NV 89410

2. LOCATION NE 1/4 NE 1/4 Sec 4 T 12 N R 19 E

DOUGLAS County

PERMIT NO. 1219-04-001-029

TAYLOR CREEK ESTATES

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
GRANITE BOULDERS		3	27	24
COURSE DG SANDS		27	89	62
LIGHT DG SANDS		89	165	76
BROWN CLAY		165	191	26
FRACTURED GRANITE		191	223	32
VERY FRACTURED SIGNS OF WATER		223	265	42
DG GRANITE 5 GPM				
DG SANDS HARD & DG SANDS SOFT LAYERS	XXX	265	300	35

8. WELL CONSTRUCTION

Depth Drilled 300 Feet Depth Cased 300 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>+2</u> Feet <u>300</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>300</u>

Perforations:

Type perforation _____

Size perforation FACTORY MILL SLOT
3X 3/32

From 280 feet to 300 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 265 feet

9. WATER LEVEL

Static water level _____ 110 feet below land surface

Artesian flow _____ G.P.M. 90 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 AND PUMPS INC.
 (CONTRACTOR)

Date started 10/14, 20 04

Date completed 10/16, 20 24

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>	<u>48</u>	<u>37 4:30 3'HRS</u>
_____	_____	_____
_____	_____	_____

Address 20 KIT KAT 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 [Signature]
 By driller performing actual drilling on site or contractor

Date 10/18/04

RECEIVED
 04 NOV - 5 AM 11:20
 STATE ENGINEERS OFFICE

RECEIVED