

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. 45075
 Permit No. _____
 Basin 103

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. 53546

1. OWNER **PAUL FULLER**
 MAILING ADDRESS _____
DAYTON, NV 89443

ADDRESS AT WELL LOCATION 325 JAMES AVE
DAYTON, NV 89443

2. LOCATION NW 1/4 NW 1/4 Sec 5 T 16 N R 22 E LYON County

PERMIT NO. _____
19-652-04

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
BLOW SANDS		0	3	3
HARDPAN SANDS		3	6	3
BLOW SANDS		6	21	15
COURSE SANDS DG		21	87	66
GRAVELS				
BROWN CLAY		87	145	58
SMALL GRAVELS				
FRACTURED GRAVELS	XXX	145	180	35

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches +2 Feet 180 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	2	20
6 5/8 sdr21	4.06	.216	20	180

Perforations:
 Type perforation SAW CUT
 Size perforation 3 X 3/32
 From 140 feet to 180 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 180 feet

9. WATER LEVEL
 Static water level _____ 65 feet below land surface
 Artesian flow _____ G.P.M. 25+ P.S.I.
 Water temperature WARM °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 & PUMP INC.
 (CONTRACTOR)

Date started 1/8, 20 05
 Date completed 1/9, 20 05

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25+</u>	<u>35</u>	<u>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 Rick Crane
 By driller performing actual drilling on site or contractor
 Date 1/19/05

RECEIVED
 05 FEB - 2 AM 11:46
 STATE ENGINEERS OFFICE