

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. 96367
 Permit No. _____
 Basin 104

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. **49474**

1. OWNER **BETTY IHFE**
 MAILING ADDRESS **2950 KINGS CANYON RD. CARSON CITY, NV 89703**
 ADDRESS AT WELL LOCATION **2950 KINGS CANYON RD. CARSON CITY, NV 89703**

2. LOCATION **SE 1/4 SW 1/4 Sec 13 T 15 N R 19 E** **CARSON** County

PERMIT NO. **03-1724** Issued by Water Resources Parcel No. **007-081-13** Subdivision Name **KINGS CANYON**

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

6. LITHOLOGIC LOG

8. WELL CONSTRUCTION

Material	Water Strata	From	To	Thick-ness
BROKEN VOLCANIC ROCK WITH BLACK & GRAY SILT WITH GRAY CLAY		0	180	180
BROKEN AND FRACTURED VOLCANIC ROCK WITH GREY CLAY SEAMS		180	220	40
BROKEN VOLCANIC BLACK ROCK		220	300	80
SOLID BLACK VOLCANIC ROCK		300	315	15
<i>- replacement well</i>				
<i>see corresponding well log # 113937</i>				

Depth Drilled **315** Feet Depth Cased **315** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **50** Feet
9 7/8 Inches **50** Feet **315** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	+2	255

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3/32"**
 From **255** feet to **315** 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 **315** feet

Date started **05/01, 20 04**
 Date completed **05/13, 20 04**

9. WATER LEVEL
 Static water level **108** feet below land surface
 Artesian flow **NO** G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **N/A**

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
AIRLIFT	15 TO 20	300'	4

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **NEVADA PUMP & DRILLING** (CONTRACTOR)
 Address **PO BOX 2227** (CONTRACTOR)
DAYTON, NV 89403
 Nevada contractor's license number issued by the State Contractor's Board **046357**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**
 Signed *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **05/28/04**