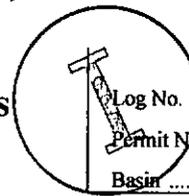


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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



OFFICE USE ONLY

97246

Log No.

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. **52312**

1. OWNER **MIKE SWIFT CONSTRUCTION**
 MAILING ADDRESS **971 MARRIANNE GARDNERVILLE, NV 89410**

ADDRESS AT WELL LOCATION **662 FRONTAGE RD GARDNERVILLE, NV 89410**

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

PERMIT NO. **1220-24-410-001**
 Issued by Water Resources Parcel No.

RUHENSTROTH
 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	Thick-ness
LARGE BOULDER		0	4	4
LARGE BOULDERS AND LARGE COBBLES		4	30	26
COBBLES AND OBSIDIAN BOULDERS		30	85	55
OBSIDIAN GRAVELS		85	130	45
CLAY SEAMS				
FRACTURED GRAVELS				
SMALL BOULDERS	X	130	140	10
CLAY SEAM		140	145	5
VERY FRACTURED OBSIDIAN GRAVELS	XXX	145	190	45

8. WELL CONSTRUCTION

Depth Drilled **190** Feet Depth Cased **190** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **190** 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	10
6 5/8 sdr 21	4.06	.216	10	190

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **150** feet to **190** 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 **190** feet

9. WATER LEVEL

Static water level **65** 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.
 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 **0055548**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**

Signed *Ruell Crane*
 By driller performing actual drilling on site or contractor
 Date **6/25/05**

Date started **6/15, 20 05**
 Date completed **6/17, 20 05**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
25+	30	3 HRS	