

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. 97960
 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. **52344**

1. OWNER **D E JANSEE & CO INC.** ADDRESS AT WELL LOCATION **1769 WATSON CT**
 MAILING ADDRESS **1781 WATSON CT** **GARDNERVILLE, NV 89410**

2. LOCATION SE 1/4 SE 1/4 Sec 26 T 13 N R 20 E **DOUGLAS** County
 PERMIT NO. **1320-26-002-045** **SIERRA SHADOWS**

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	Thick-ness
HARD PAN CLAY		0	5	5
COURSE GRAVELS		5	13	8
COBBLES AND SMALL GRAVELS		13	116	108
BROWN CLAY		116	165	57
SMALL GUMMY CLAY CLAY STRATA		165	173	8
BROWN CLAY WITH SMALL GRAVELS		173	205	32
GUMMY CLAY		205	215	10
FRACTURED GRAVELS				
SMALL OBSIDIAN SANDS AND CLAY		215	250	35
FRACTURED GRAVELS	XXX	250	280	30

8. WELL CONSTRUCTION
 Depth Drilled 280' Feet Depth Cased 280' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 280' 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
sdr21 6 5/8	4.06	.216	20	280

Perforations:
 Type perforation **SAW CUT**
 Size perforation **3 X 3/32**
 From 240 feet to 280 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 280 feet

9. WATER LEVEL
 Static water level 125 feet below land surface
 Artesian flow _____ G.P.M. 25 P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 10/13, 20 05
 Date completed 10/17, 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>50</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 & PUMPS INC.**
 Address **20 KIT KAT DRIVE**
CARSON CITY, NV 89706
 Nevada contractor's license number issued by the State Contractor's Board **55548**
 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 10/28/05