

OFFICE USE ONLY
 Log No. 98039
 Permit No. _____
 Basin 102

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 55818

1. OWNER Capital City Const. ADDRESS AT WELL LOCATION 1280 W 10th Silver Spring NV
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 24 T. 17 N/S R. 24 E. Lyon County _____
 PERMIT NO. 17-41406 Subdivision Name _____
 Issued by Water Resources _____ Parcel No. _____

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	Thickness
<u>Dirt + Cobble</u>		<u>0</u>	<u>30'</u>	<u>30</u>
<u>Boulders & clay</u>		<u>30'</u>	<u>119'</u>	<u>89</u>
<u>Volcanic Bedrock</u>		<u>119</u>	<u>300'</u>	<u>181</u>

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 301' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches 0 Feet 60 Feet
8 3/4 Inches 60 Feet 300 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 5/8</u>	<u>Steel</u>	<u>.188 wall + 1</u>	<u>20'</u>	<u>20'</u>
<u>6 7/8</u>	<u>PUC</u>	<u>50R17</u>	<u>20'</u>	<u>300'</u>

Perforations:
 Type perforation Sawed
 Size perforation 7/8 x 4"
 From _____ feet to _____ feet
 From 260 feet to 300' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes, No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 60 feet to 300' feet

9. WATER LEVEL
 Static water level 137 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started 9/13/05, 20____
 Date completed 9/15/05, 20____

7. WELL TEST DATA

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>Air Lifted 20 gpm. 2 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 Leach Drilling Inc Contractor
 Address PO Box 579 Contractor
Silver Spring NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 31841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1740
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10/19/05

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 2005 OCT 12 AM 11:10
 STATE ENGINEERS OFFICE