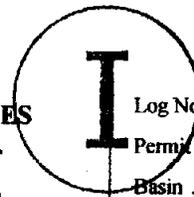


- COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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



OFFICE USE ONLY

98450

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. **52335**

1. OWNER **KIM POSNIEN CONSTRUCTION**
 MAILING ADDRESS **440 OLD FOOTHILLS RD**
GARDNERVILLE, NV 89460

ADDRESS AT WELL LOCATION **2023 ROCKING HORSE**
GARDNERVILLE, NV 89410

2. LOCATION **NW 1/4 SW 1/4 Sec 19 T 12 N R 21 E** **DOUGLAS** County

PERMIT NO. **SE NW 1221-19-001-015**

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

8. WELL CONSTRUCTION

Material	Water Strata	From	To	Thick-ness
HARDPAN CLAY		0	6	6
BROWN CLAY		6	34	28
COURSE GRAVELS		34	89	55
SMALL OBSIDIAN GRAVELS		89	152	63
BROWN CLAY STRATA		152	210	58
SMALL SANDS AND CLAY STRATAS		210	238	28
FRACTURED GRAVELS	XXX	238	265	27

Depth Drilled **265** Feet Depth Cased **265** Feet

HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **265** 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	25
6 5/8 sdr 21	4.06	.216	25	265

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3X 3/32**
 From **225** feet to **265** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **55** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55** feet to **265** feet

9. WATER LEVEL
 Static water level **140** feet below land surface
 Artesian flow _____ G.P.M. **20** 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 DRILLIG**
 (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 *Rich Crane*
 By driller performing actual drilling on site or contractor

Date **10/6/05**

Date started **9/3, 20 05**
 Date completed **9/6, 20 05**

7. WELL TEST DATE

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20	65	3 HRS

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