

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. 98461
 Permit No. _____
 Basin 103
 NOTICE OF INTENT NO. 52346

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **DANNY RAZNER CONSTRUCTION** ADDRESS AT WELL LOCATION **340 OPHIR RD**
 MAILING ADDRESS **201 TRAVIS CT** **DAYTON, NV 89403**

2. LOCATION **SE 1/4 SE 1/4 Sec 4 T 16 N R 22 E LYON County**
 PERMIT NO. **NE 019-132-06**
 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	Thickness
OVERBURDEN		0	2	2
COURSE DG SANDS		2	18	16
BROWN CLAY		18	36	18
COURSE DG GRAVELS		36	111	75
BROWN CLAY SANDY		111	139	28
COURSE DG SANDS		139	172	33
FRACTURED GRVELS	XXX	172	200	28

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches **0** Feet **200** 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
6 5/8sdr21'	4.06	.216	20	200

Perforations:
 Type perforation **SAW CUT**
 Size perforation **3X32**
 From **160** feet to **200** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **65** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **65** feet to **200** feet

9. WATER LEVEL
 Static water level **85** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **10/7, 20 05**
 Date completed **10/10, 20 05**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
25			
Draw Down (Feet Below Static)			
35			
Time (Hours)			
3 HRS			

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 *Rick Crase*
 By driller performing actual drilling on site or contractor
 Date **10/10/05**

RECEIVED
 2005 OCT 13 AM 11:03
 STATE ENGINEERS OFFICE