

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



STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY

Log No. 102848

Permit No. _____

Basin 105

NOTICE OF INTENT NO. 58240

PRINT OR TYPE ONLY

1. OWNER KURT JOHNSON DEVELOPMENT ADDRESS AT WELL LOCATION 1973 LACEY CT
 MAILING ADDRESS 1977 LACEY CT GARDNERVILLE, NV 89410

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

PERMIT NO. NE 56 1220-24-701-049
 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
BROWN CLAY		5	15	10
COURSE GRAVELS		15	78	63
BROWN CLAY	(DRY)	78	162	84
BROWN GUMMY CLAY		162	192	30
SMALL SILTY SANDS		192	213	21
SMSALL OBSIDIAN SANDS AND GRAVELS	XX	213	260	47
N 38.886786 W 119.677867 NAD83 WAS 213.000 83 78.890867 78.890867 W				

8. WELL CONSTRUCTION
 Depth Drilled 260 Feet Depth Cased 260 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 260 Feet
 _____ Inches _____ Feet
 _____ Inches _____ 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	260
		.316		

Perforations:
 Type perforation SAW CUT
 Size perforation 3 X 3/32
 From 220 feet to 260 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 260 feet

9. WATER LEVEL
 Static water level 110 feet below land surface
 Artesian flow _____ G.P.M. 25 P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 2/5, 20 07
 Date completed 2/9, 20 07

7. WELL TEST DATE			
TEST METHOD:	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	Draw Down (Feet Below Static)	Time (Hours)
		<u>25</u>	<u>60</u>
			<u>3 HRS</u>
			<u>40 : 00 MAR 9 - 2007</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
 (CONTRACTOR)
 Address 20 KIT KAY 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 1905

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2/21/07