

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 104150
 Permit No. _____
 Basin 104

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. 58255

PRINT OR TYPE ONLY

1. OWNER **JENNY KILGORE**
 MAILING ADDRESS **# 8 SENTINEL CR.**
CARSON CITY, NV 89701

ADDRESS AT WELL LOCATION **# 8 SENTINEL CR**
CARSON CITY, NV 89701

2. LOCATION ~~SW~~ SW ~~NE~~ NE 1/4 Sec 28 T 15 N R 20 E **CARSON** County
 PERMIT NO. ~~SW~~ SW ~~NE~~ NE **10-321-04**

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 N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OLD 6 5/8 WELL		+1	98	98
PULLED OUT PUMP AND PITLESS				
PERFORATED FROM 55' TO 86				
PLACED TREEMING 1 1/4 PIPE TO BOTTOM AND PUMPED FULL OF 2 YARD NEAT CEMENT				
<u>N 39.135793</u>				
<u>W 119.749901 NAD83</u>				
GPS INFO: NAD 83				
39.13569				
119.75080				

8. WELL CONSTRUCTION

Depth Drilled N/A Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>N/A</u> Inches			

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+1</u>	<u>98</u>

Perforations:

Type perforation N/A
 Size perforation N/A

From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL

Static water level 63 feet below land surface
 Artesian flow _____ G.P.M _____ P.S.I
 Water temperature COLD °F Quality LOST OF IRON

Date started 6/13, 20 07
 Date completed 6/13, 20 07

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>22:11:22</u>	<u>11:11:11</u>	<u>11:11:11</u>

Name **CAPITAL CITY WELL DRILLING**
 (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 **1905**
 Signed Michael Black
 By driller performing actual drilling on site or contractor
 Date 6/24/07