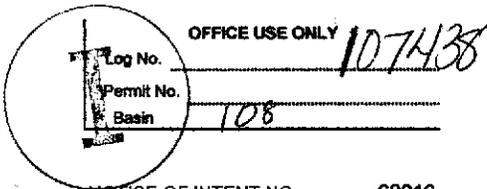


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

OFFICE USE ONLY
NOTICE OF INTENT NO. 62916

1. OWNER TED WESTERMAN ADDRESS AT WELL LOCATION NOT GIVEN YET
MAILING ADDRESS 560 PETEHENDRICKS RD YERINGTON NV
Subdivision Name: _____ County: Lyon

2. LOCATION SE 1/4 SE 1/4 Sec 34 T 14N N/S R 26 E Latitude 39.02994°N UTM E NAD 27
PERMIT/WAIVER No. 74255 014-381-48 Longitude 119.05482°W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	3	3
COURSE SANDS OBSIDIAN		3	46	43
LIGHT BROWN CLAY AND SANDS		46	139	93
COURSE OBSIDIAN SANDS GRAVELS	X	139	189	50
BROWN CLAY SEAM				
SMALL SANDS		189	220	31
BROWN STICKY CLAY		220	240	20
SMALL GRAVELS, SANDS	XX	240	260	20
<u>N39030071</u>				
<u>NAD27</u>				

9. WELL CONSTRUCTION

Depth Drilled 260' Feet Depth Cased 260' Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	To	Feet
<u>10 5/8</u>	<u>0</u>	<u>260</u>	<u>260</u>

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>+2</u>	<u>260</u>

Perforations:

Type of perforation MILL SLOT

Size of perforation 3 X 3/32

From 180 feet to 260 feet

From _____ feet to _____ feet

From _____ feet to _____ feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 260 Pumped Poured

Type: PEAT GRAVEL

Bentonite Chips: Yes No to _____ Pumped Poured

Type: _____

Date started: 13-Oct , 20 08

Date completed: 22-Oct , 20 08

7. Water Level

Static water level: 80 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: COLD °F

Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>35+</u>	<u>40</u>	<u>3 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 CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
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 Mack
By driller performing actual drilling on site or contractor

Date _____

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE
2008 DEC -3 AM 11:20
RECEIVED