

FINALIZED  
HA

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

OFFICE USE ONLY  
Log No. 110430  
Permit No.  
Basin 105

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

NOTICE OF INTENT NO. 64719

1. OWNER NANCY FIFE ADDRESS AT WELL LOCATION 1719 SUNRISE RD Pass RD  
MAILING ADDRESS 1719 SUNRISE PASS RD MINDEN, NV 89423  
Subdivision Name: MINDEN, NV 89423 County: Douglas

2. LOCATION NE 1/4 NW 1/4 Sec 11 T 13N N/S R. 20 E  
PERMIT/WAIVER No. 1320-11-001-030  
Latitude UTM E  NAD 27  
Longitude N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  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
OLD 6 5/8 WELL		+1	195	194
COURSE DG SANDS		195	250	55
DG SANDS AND FRAVELS	XXX	255	300	45

NAD-27 GPS  
79.012264°N  
119.704177°W

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STATE ENGINEERS OFFICE

9. WELL CONSTRUCTION

Depth Drilled	105	Feet	Depth Cased	105	Feet
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HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	195 Feet
	300 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5 SDR	3.19	.216	160	300
17				

Perforations:

Type of perforation	FACTORY MILL SLOT
Size of perforation	0.032
From 260	feet to 300
From	feet to
From	feet to
From	feet to

Annular Seal:  Yes  No

<input type="checkbox"/> Neat Cement	N/A	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	

Gravel Pack:  Yes  No N/A to  Pumped  Poured  
Type:  
Bentonite Chips:  Yes  No to  Pumped  Poured  
Type:

Date started: 08-Mar 20 10  
Date completed: 09-Mar 20 10

7. Water Level  
Static water level: 160 feet below land surface  
Artesian Flow: G.P.M. P.S.I.  
Water Temperature: COLD °F  
Quality: GOOD

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20	80	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 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 [Signature]  
By driller performing actual drilling on well or contractor  
Date 03/10/2010