

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 20157

1. OWNER David Harrison ADDRESS AT WELL LOCATION 5965 Dayton Ave
 MAILING ADDRESS Dayton NV Silver Springs NV
 2. LOCATION SW 1/4 NW 1/4 Sec. 33 R. 3-2-04 T. 18 S. R. 24 E. Lyon County
 PERMIT NO. 18-453-04 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Colochea Clay</u>		<u>0</u>	<u>15</u>	<u>15</u>
<u>DC Sands and coarse Rusty Sands</u>		<u>15</u>	<u>265</u>	<u>250</u>
<u>DC SANDS with Clay seams Rusty</u>		<u>265</u>	<u>375</u>	<u>110</u>
<u>Volcanic Fractures (HARD) obsidian Grounds</u>	<u>XX</u>	<u>375</u>	<u>395</u>	<u>20</u>
<u>Fractured Volcanic SANDS and Grounds</u>	<u>XX</u>	<u>395</u>	<u>408</u>	<u>13</u>

8. WELL CONSTRUCTION
 Depth Drilled 408 Feet Depth Cased 408 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 408 Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 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>.158</u>	<u>0</u>	<u>408</u>

Perforations:
 Type perforation MU SLOT
 Size perforation 3X 3/32
 From 368 feet to 408 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 408 feet

Date started 8-4, 1998
 Date completed 8-7, 1998

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>18-19</u>	<u>60</u>	<u>3 HRS</u>

9. WATER LEVEL
 Static water level 280 feet below land surface
 Artesian flow _____ G.P.M. 18-19 P.S.I.
 Water temperature Cold °F Quality Good

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 Kirt KAA DR. Contractor
Carson City NV 89706
 Nevada contractor's license number issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael A. Mack
 By driller performing actual drilling on site or contractor
 Date 9-7-98