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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. 38859

1. OWNER: John Carriearburu ADDRESS AT WELL LOCATION: 1480 Chokecherry
Gardnerville NV 89423
 2. LOCATION: SE 1/4 NE 1/4 Sec. 35 T. 13 S. R. 20 E. Douglas County
 PERMIT NO. 23-473-230 Issued by Water Resources Parcel No. Wildflower Area 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	Thickness
<u>Cobbles and Gravels</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>Course Sands</u>		<u>6</u>	<u>9</u>	<u>3</u>
<u>Small Gravels and Obsidian Sands</u>		<u>9</u>	<u>63</u>	<u>54</u>
<u>Brown Sandy Clay</u>		<u>63</u>	<u>173</u>	<u>110</u>
<u>Small Clay Seams and Small Sands</u>		<u>173</u>	<u>200</u>	<u>27</u>
<u>Brown Clay</u>		<u>200</u>	<u>219</u>	<u>19</u>
<u>Course Sands and Gravel and Obsidian Fractures</u>	<u>XXX</u>	<u>219</u>	<u>240</u>	<u>21</u>

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 240 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>.188</u>	<u>0</u>	<u>240</u>

Perforations:
 Type perforation: Mill Slot
 Size perforation: 3x3/32
 From 180 feet to 200 feet
 From _____ feet to _____ feet
 From 220 feet to 240 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal: 55
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 55 feet to 240 feet

9. WATER LEVEL
 Static water level: 60 feet below land surface
 Artesian flow: _____ G.P.M. 25-30 P.S.I.
 Water temperature: Cold °F Quality: Good

Date started: 11/13, 1998
 Date completed: 11/6, 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>25-30</u>	<u>45</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 Contractor
 Address: Do Kit Kat 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 Black
 By driller performing actual drilling on site or contractor
 Date: 11/9/98