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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

Log No. 76331
 Permit No. 105
 Basin 105
 NOTICE OF INTENT NO. 31281

1. OWNER Mike & Tina Kinsley ADDRESS AT WELL LOCATION 1100 Outer-Way
 MAILING ADDRESS Gardnerville NV 89410
Gay Limb Const. 89423
 2. LOCATION SE 1/4 SE 1/4 Sec 9 T. 12 N. R. 21 E Douglas County
 PERMIT NO. 35-380-01 Parcel No. Fish Springs 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.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Cobbles & Brown Soil</u>		<u>2</u>	<u>4</u>	<u>2</u>
<u>Hard Sand Stone</u>		<u>4</u>	<u>26</u>	<u>22</u>
<u>Brown Clay with Small Sands</u>		<u>26</u>	<u>87</u>	<u>61</u>
<u>Coarse DG Sands</u>		<u>87</u>	<u>140</u>	<u>53</u>
<u>Large Volcanic Sands and DG Sands</u>		<u>140</u>	<u>180</u>	<u>40</u>

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 180 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>1.78</u>	<u>0</u>	<u>180</u>

Perforations:
 Type perforation Mill slot
 Size perforation 3x3/32
 From 160 feet to 180 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 60
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 160 feet to 180 feet

9. WATER LEVEL
 Static water level 6.5 feet below land surface
 Artesian flow _____ G.P.M. 30 P.S.I.
 Water temperature Cold °F Quality Good

Date started 6-4, 1999
 Date completed 6-7, 1999

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>30</u>	<u>50</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 20 Kit Kat DR. Carson City NV 89706 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0041775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael J. Jack
 By driller performing actual drilling on site or contractor
 Date 6-7-99

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