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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. 39649

1. OWNER GETTER - RYAN ADDRESS AT WELL LOCATION SIERRA SIDES
 MAILING ADDRESS 1364 N MCDOWELL 200 N MCCANNAN SPARKS NV
PETAULUMA CA
 2. LOCATION SE 1/4 SE 1/4 Sec. 4 T. 19 S. R. 20 E. WASHOE County
 PERMIT NO. ADP M/D #453-D 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 AUGER

6. LITHOLOGIC LOG UMW 6

Material	Water Strata	From	To	Thick-ness
<u>Well was in</u>				
<u>good condition</u>				
<u>after pulled</u>				
<u>well cover off</u>				
<u>then over drill</u>				
<u>well casing then</u>				
<u>pressure grouted</u>				
<u>from bottom</u>				
<u>to surface</u>				

8. WELL CONSTRUCTION
 Depth Drilled 49 Feet Depth Cased 49 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 49 Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>FACTORY</u>	<u>0.20</u>	<u>0</u>	<u>49</u>

Perforations:
 Type perforation FACTORY
 Size perforation 0.20
 From 28.5 feet to 49 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 49 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 26 feet to 49 feet

9. WATER LEVEL
 Static water level: 15 feet below land surface
 Artesian flow: N/A G.P.M. N/A P.S.I.
 Water temperature: 62.2 °F Quality N/A

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name ANDRESEN EXPLORATION DRILLING
 Address 1635 BELFORD RD 89502

Nevada contractor's license number issued by the State Contractor's Board 34525
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2139
 Signed [Signature]
 Date 6/26/01

Date started 6/25/26/01, 19____
 Date completed _____, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>	<u>A</u>	