

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 96387
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. **46405**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **JOHN MERINO**
 MAILING ADDRESS **P.O. BOX 639**
MINDEN, NV 89423
 ADDRESS AT WELL LOCATION **1735 BUCKTHORN CT**
GARDNERVILLE, NV 89410

2. LOCATION **NE 1/4 NE 1/4 Sec 27 T 13 N R 20 E** **DOUGLAS** County
 PERMIT NO. **1320-27-001-01A**
 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
OVERBURDEN		0	10	10
COURSE SANDS		10	87	77
BROWN CLAY		87	160	73
CLAY SEAMS				
SMALL SANDS		160	171	11
DG GRAVELS AND SMALL DG SANDS	XXX	171	200	29

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	200

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **180** feet to **200** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **200** feet

9. WATER LEVEL
 Static water level **50** feet below land surface
 Artesian flow _____ G.P.M. **30** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **4/4, 20 02**
 Date completed **4/5, 20 02**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	Draw Down (Feet Below Static)		
G.P.M.	Time (Hours)		
30+	30	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**
 (CONTRACTOR)
 Address **20 KIT KAT DRIVE**
 (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 **2157**
 Signed *Sick Crane*
 By driller performing actual drilling on site or contractor
 Date **4/4/02**