

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. 87870
 Permit No. _____
 Basin 107
 NOTICE OF INTENT NO. 49397

PRINT OR TYPE ONLY

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

1. OWNER **ROB STINNETT CONSTRUCTION** ADDRESS AT WELL LOCATION **#5 COLONY ESTATE DR WELLINGTON NV, 89443**
 MAILING ADDRESS **P.O. BOX 2651 GARDNERVILLE, NV 89410**

2. LOCATION **SE 1/4 SE 1/4 Sec 34 T 11 N R 23 E LYON County**
 PERMIT NO. **09/142/02**
 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	4	4
HARDPAN CLAY		4	8	4
COURSE SANDS		8	13	5
BROWN CLAY		13	68	55
SILTY SANDS		68	95	27
BROWN CLAY		95	160	65
FRACTURED GRAVELS	XXX	160	190	30

8. WELL CONSTRUCTION
 Depth Drilled **190** Feet Depth Cased **190** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches **0** Feet **190** 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	190

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **170** feet to **190** 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 **190** feet

9. WATER LEVEL
 Static water level **70** feet below land surface
 Artesian flow _____ G.P.M. **25** 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.

Date started **8/29**, 20 **02**
 Date completed **8/30**, 20 **02**

7. WELL TEST DATE

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	25	35	3 HRS

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 Rick Crane
 By driller performing actual drilling on site or contractor
 Date **8/31/02**