

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. 82501
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49407

PRINT OR TYPE ONLY

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

1. OWNER **DUSTY URTON**
 MAILING ADDRESS **1981 MULE CT**
GARDNERVILLE, NV 89410
 ADDRESS AT WELL LOCATION **1981 MULE CT**
GARDNERVILLE, NV 89410

2. LOCATION ~~NE~~ 1/4 ~~NE~~ 1/4 Sec **19** T **12** N R **21** E **DOUGLAS** County
 PERMIT NO. SW NW AF **1221-19-001-022** **RHUENSTROTH AREA**
 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	8	8
BROWN CLAY		8	12	4
SMALL GREAVELS		12	40	28
SMALL GRAVELS AND SANDS		40	110	70
BROWN CLAY WITH GRAVEL STRATAS		110	140	30
BROWN CLAY		140	160	20
FRRACTURED GRAVELS AND CLAY SEAMS		160	210	50
VERY FRACTURED COLORED GRAVELS LARGER GRAVELS	XXX	210	260	50

8. WELL CONSTRUCTION
 Depth Drilled **260** Feet Depth Cased **260** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **260** 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	260

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **240** feet to **260** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **55** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55** feet to **260** feet

9. WATER LEVEL
 Static water level **90** feet below land surface
 Artesian flow _____ G.P.M. **28** 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 **10/17, 20 02**
 Date completed **10/20, 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	40	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 Rock Crane
 By driller performing actual drilling on site or contractor
 Date **10/27/02**