

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. 89860
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49464

PRINT OR TYPE ONLY

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

OWNER **MIKE HICKEY CONSTRUCTION** ADDRESS AT WELL LOCATION **1994 MULE CT GARDNERVILLE, NV 89410**
 MAILING ADDRESS **1700 COUNTY RD A MINDEN, NV 89423**

2. LOCATION NE 1/4 NE 1/4 Sec 19 T 12 N R 21 E **DOUGLAS** County
 PERMIT NO. 1221-19-001-023 **RHUENSTROTH AREA**

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 GRAVELS		12	40	28
SMALL GRAVELS AND SANDS		40	110	70
BROWN CLAY WITH GRAVEL STRATAS		110	140	30
BROWN CLAY		140	160	20
FRACTURED GRAVELS AND CLAY SEAMS		160	200	40
VERY FRACTURED COLORED GRAVELS LARGER GRAVELS	XXX	200	250	50

8. WELL CONSTRUCTION				
Depth Drilled	<u>250</u> Feet	Depth Cased	<u>250</u> Feet	
HOLE DIAMETER (BIT SIZE)				
From	<u>10 3/4</u> Inches	To	<u>0</u> Feet	<u>250</u> 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>.188</u>	<u>0</u>	<u>250</u>

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From 230 feet to 250 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 250 feet

9. WATER LEVEL
 Static water level 110 feet below land surface
 Artesian flow _____ G.P.M. 21 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 4/11, 20 03
 Date completed 4/13, 20 03

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	<u>25</u>	<u>40</u>	<u>3 HRS</u>

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 4/15/03