

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. 90816
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49688

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

PRINT OR TYPE ONLY

1. OWNER **BILL MERRILL CONSTRUCTION** ADDRESS AT WELL LOCATION **1780 KATHLEEN WY**
 MAILING ADDRESS **P.O. BOX 2262** **MINDEN, NV 89423**

2. LOCATION **NE 1/4 NE 1/4 Sec 14 T 13 N R 20 E** **DOUGLAS** County
 PERMIT NO. **1320-14-001-006**

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 | 3 | 3 |
| DG SANDS & CLAY | | 3 | 21 | 18 |
| BROWN CLAY | | 21 | 87 | 66 |
| DG SANDS | | 87 | 145 | 78 |
| BROWN GUMMY CLAY | | 145 | 186 | 41 |
| BROWN SANDS | | 186 | 209 | 23 |
| COURSE DG SAMDS | XX | 209 | 240 | 31 |

8. WELL CONSTRUCTION
 Depth Drilled **240'** Feet Depth Cased **240'** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 13.03 | .188 | 0 | 240 |

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3X 3/32**
 From **220** feet to **240** feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 **240** feet

9. WATER LEVEL
 Static water level **110** 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.
 Name **CAPITAL CITY WELL DRILLING & PUMP INC.**
 (CONTRACTOR)

Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 898706
 Nevada contractor's license number issued by the State Contractor's Board **0055548**
 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 **8/1/03**

Date started **7/18, 20 03**
 Date completed **7/21, 20 03**

7. WELL TEST DATE

| TEST METHOD: | <input type="checkbox"/> Bailer | <input type="checkbox"/> Pump | <input checked="" type="checkbox"/> Air Lift |
|------------------|---------------------------------|-------------------------------|--|
| | Draw Down (Feet Below Static) | | Time (Hours) |
| G.P.M. 25 | 45 | 3 HRS | |

RECEIVED
 08 AUG 13 AM 10:47
 STATE ENGINEERS OFFICE

Plugged by well log 121047
Replaced by well log 121046