

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. 9-3164
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49743

PRINT OR TYPE ONLY

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

1. OWNER BON ROOKER P.O. Box 265 Minden ADDRESS AT WELL LOCATION 420 CUTTIN LOOSE LN
 MAILING ADDRESS 420 CUTTIN LOOSE LN. 89423 GARDNERVILLE, NV 89410

2. LOCATION SW 1/4 SW 1/4 Sec 14 T 12 N R 19 E DOUGLAS County

PERMIT NO. 1219-14-002-061

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		3	28	25
COURSE DG SANDS		28	56	28
COURSE GRAVELS		56	92	36
SMALL CLAY LAYER		92	110	18
FRACTURED DG SAND GRAVELS	XXX	110	145	35

8. WELL CONSTRUCTION
 Depth Drilled 145 Feet Depth Cased 145 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 3/4 Inches 0 Feet 145 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>145</u>

Perforations:
 Type perforation FACTORY MILL SLOT
 Size perforation 3 X 3/32
 From 125 feet to 145 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 145 feet

9. WATER LEVEL
 Static water level 36 feet below land surface
 Artesian flow _____ G.P.M. 30+ 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
 (CONTRACTOR)

Date started 4/13, 20 04
 Date completed 4/14, 20 04

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 type="checkbox"/> Air Lift	<u>30+</u>	<u>45</u>	<u>3 HRS</u>

Address 20 KIT KAT DR
 (CONTRACTOR)
CARSON CITY, NV 89706
 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 Crase
 By driller performing actual drilling on site or contractor
 Date 4/15/04