

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. 97099
 Permit No. _____
 Basin 89

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 52309

1. OWNER TOM PETER CONSTRUCTION ADDRESS AT WELL LOCATION 3875 DOC OLENA
 MAILING ADDRESS 111 E. 6TH STREET NEW WASHOE CITY, NV 89704
CARSON CITY, NV 89701

2. LOCATION NE 1/4 SW 1/4 Sec 5 T 16 N R 20 E WASHOE County

PERMIT NO. 050-304-02

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
BLOW SANDS		0	3	3
HARD PAN CLAY		3	7	4
DG SANDS		4	64	60
BROWN CLAY		64	101	37
BROWN SILTY SANDS		101	146	45
DG SANDS		146	173	27
COURSE DG GRAVELS		173	205	32

8. WELL CONSTRUCTION
 Depth Drilled 205 Feet Depth Cased 205 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 205 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>+2</u>	<u>25</u>
<u>6 5/8 sdr21</u>	<u>4.06</u>	<u>.216</u>	<u>25</u>	<u>205</u>

Perforations:
 Type perforation SAW CUT
 Size perforation 3 X 3/32
 From 165 feet to 205 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 205 feet

9. WATER LEVEL
 Static water level 60 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 5/5, 20 05
 Date completed 5/6, 20 05

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>64</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 0055548
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2157
 Signed Rich Crane
 By driller performing actual drilling on site or contractor
 Date 6/1/05