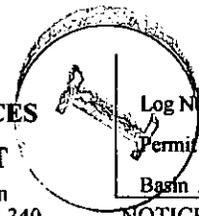


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES



OFFICE USE ONLY
 97243

WELL DRILLER'S REPORT

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

Log No. _____
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 52314

PRINT OR TYPE ONLY

1. OWNER WALTER CAMEO
 MAILING ADDRESS 252 GEONA, NV 89411
CARSON CITY, NV 89701
 ADDRESS AT WELL LOCATION 252 GEONA LANE
GEONA, NV

2. LOCATION SE 1/4 SE 1/4 Sec 10 T 13 N R 19 E DOUGLAS County
 PERMIT NO. 1319-10-311-012
 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
BLACK SILTY SANDS		0	6	6
BLACK SLATE				
FRACTURED		6	48	42
SILTY SANDS BLACK SLATE		48	87	39
BLACK SILTY CLAY		87	125	38
BLACK CLAY		125	176	51
FRACTURE VOLCANIC	XXX	176	200	24

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 200 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>20</u>
<u>6/58sdr21</u>	<u>4.06</u>	<u>.216</u>	<u>20</u>	<u>200</u>

Perforations:
 Type perforation SAW CUT
 Size perforation 3 X 3/32
 From 180 feet to 200 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 200 feet

9. WATER LEVEL
 Static water level 15 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
 (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 Rick Crane
 By driller performing actual drilling on site or contractor
 Date 6/11/05

Date started 5/20, 20 05
 Date completed 5/23, 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>59</u>	<u>3 HRS</u>