

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 109566

Permit No. _____

Basin Tφ8

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.370 and NAC 534.340

NOTICE OF INTENT NO. 62493

1. OWNER Atlantic Richfield Company (Roy Thun) ADDRESS AT WELL LOCATION Anaconda Mine
 6 Centerpointe Ave Yerington, NV
 La Palma, CA 90623
 Subdivision Name _____ County Esmeralda
 2. LOCATION NW 1/4 NE 1/4 Sec 5 T 13N R 25 E Latitude 39.02573°N UTM NAD 83
 PERMIT/WAIVER No. 014-401-14 Longitude 119.20622°W NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other _____
 4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor
 5. WELL TYPE
 Cable Rotary RVC
 Air Other Sonic

6. LITHOLOGIC LOG

Material	Water Grade	From	To	Thickness
No Recovery		0	7	7
Silty sand		7	9	2
Poorly graded sand		9	13	4
Silty sand		13	14	1
Silty sand		14	19	5
Poorly graded sand		19	22.5	4
Well graded sand		22.5	24	2
Clayey sand		24	28	4
Well graded sand		28	36	8
Silty sand		36	46	10
Clayey sand		46	49	3
Sandy lean clay		49	57	8

9. WELL CONSTRUCTION
 Depth Drilled 54 57 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)

	From	To		
	6	0	Feet	48
	4.5	48	Feet	51
			Feet	Feet

 Casing SCHEDULE

Size O.D. (Inches)	Weight/FT (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		Sch 40	0	35

Slot Screen
 Type of perforation _____
 Size of perforation 020
 From 25 feet to 35 feet
 From _____ feet to _____ feet
 Annular Seal Yes No
 Neat Cement 0 to 12 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 23 to 37 Pumped Poured
 Type: #3 Sand
 Bentonite Chips: Yes No 37 to 51 Pumped Poured
 Type: 3/8" Chips 12-23

Date started 2-Mar , 20 09
 Date completed 2-Mar , 20 09

7. WATER LEVEL
 Static Water Level 20.44 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: _____

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Cascade Drilling, Inc
 Contractor
 Address 3632 Omec Circle
 Contractor
Rancho Cordova, CA 95742
 Nevada contractor's license number 623-51207
 issued by the State Contractors Board TB9660
 Nevada driller's license number issued by the M1909
 Division of Water Resources, the on the driller
 Signature Rodney LaBurre
 By driller performing actual drilling on site or contractor
 Date 3-2-09