

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

OFFICE USE ONLY
Log No. 116019
Permit No. _____
Basin 031

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 68480

1. OWNER American International Ventures
MAILING ADDRESS 6004 Teal Side
Lithia FL 33547

ADDRESS AT WELL LOCATION Jungo Rd.
Winnemucca NV.
Subdivision Name: _____ County: Humboldt

2. LOCATION SE 1/4 NE 1/4 Sec 29 T 35 S R 34 E
PERMIT/WAIVER No. 005-421-27
Issued by Water Resources Parcel No. _____

Latitude N 40° 52.827 UTM E NAD 27
Longitude W 118° 10.677 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravel Sand & Clay	NO	0	2.5	2.5
Broken Shale	NO	2.5	5.5	3.0
Shale & Clay	yes	5.5	10.5	5.0
Shale & Clay Sand	yes	10.5	16.0	5.5
Shale with fine Quartz	yes	16.0	200	184

9. WELL CONSTRUCTION

Depth Drilled: 200 Feet Depth Cased: 200 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 7/8</u> Inches	<u>0</u> Feet <u>200</u> 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>Steel</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6 7/8</u>	<u>PVC</u>	<u>Sched 40</u>	<u>20</u>	<u>200</u>

Perforations:

Type of perforation slot
Size of perforation .20

From 160 feet to 200 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>50</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 50 to 200 Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 9-7-12 :20 12
Date completed: 10-7-12 :20 12

7. Water Level
Static water level: 57 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: clear

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>10-16</u>	<u>30</u> <u>NA</u>	<u>2</u>
<u>40</u>	<u>880450°N</u>	<u>NAD27</u>
<u>118</u>	<u>177117°W</u>	

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Allied Drilling Inc. Contractor
Address 5140 Jungo Rd Contractor
Winnemucca NV 89445
Nevada contractor's license number 76278
issued by the State Contractor's Board
Nevada driller's license number issued by the 1563
Division of Water Resources, the on-site driller

Signed [Signature]
By driller performing actual drilling on-site or contractor

Date 10-25-12