

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

OFFICE USE ONLY
Log No. 116084
Permit No. _____
Basin No. 177

PRINT OR TYPE IN BLACK INK 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. 68509
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Von Sorenson (Von + Marian Sorenson)
MAILING ADDRESS HC 60 Box 490
SE Ruby Valley, NV 89833

DETAILED ADDRESS AT WELL LOCATION Clover Valley
Subdivision Name: _____ County: Elko

2. PLS LOCATION NE 1/4 SW 1/4 24 Sec 35 N/S 61 E
PERMIT/WAIVER NO. 008-100-027
issued by Water Resources Current Parcel No.

Latitude W115°02.353 UTM E NAD 27
Longitude N40°53.681 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
sands/gravel		10	0	25	25
boulders/sand			25	60	35
boulders			60	150	90
gravel/sand			150	300	150
sand/clay mix			300	360	60
limestone		416	360	415	55
gravels/sand		420	415	440	25
		425			

9. WELL CONSTRUCTION

Depth Drilled: 440 Feet Depth Cased: 440 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>360</u> Feet
<u>8 3/4</u> Inches	<u>360</u> Feet <u>440</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>+1</u>	<u>440</u>

PERFORATIONS:

Type of perforation: mill slot
Size of perforation: 3x3/16
From 420 Feet To 440 Feet

ANNULAR MATERIALS

Sanitary Seal 0 to 100
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 Bentonite Chips to _____ Pumped Poured
 Bentonite Grout to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] 100 to 440 Pumped Poured
 Sand Pack [< 0.2 in.] to _____ Pumped Poured
 Other, explain: _____ Pumped Poured

Date started: 30-Sep, 20 12
Date completed: 4-Oct, 20 12

7. WATER QUALITIES
Static water level: 100 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>50</u>		<u>10</u>
	<u>40.894683' N</u>	<u>NADA 7</u>
	<u>115.039217'</u>	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Alternative Drilling Co LLC Contractor
Address P.O. Box 281166, Lamoille, NV 89828 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 73955
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2465
Signed: Jogan Boswell
By driller performing actual drilling on site or contractor
Date: 10-22-12