

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

OFFICE USE ONLY
Log No. 116126
Permit No. 82547
Basin No. 143

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. 65629
WELL NAME (if applicable): ww-12-003

1. OWNER/CLIENT NAME Scorpio Gold
MAILING ADDRESS _____

DETAILED ADDRESS AT WELL LOCATION Coyote Summit
Subdivision Name: _____ County: Esmeralda

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2. PLS LOCATION $\frac{1}{4}$ $\frac{1}{4}$ 02 Sec 02NS 29E
PERMIT/WAIVER NO. _____
Issued by Water Resources Current Parcel No _____

Latitude _____ UTM E NAD 27
Longitude _____ UTM N NAD 83WGS 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 Corn / 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	Thickness
Alaskite			940	1050	110
Granite			1050	1400	350
Pegmatite			1400	1510	110
Granite			1510	1750	240
Pegmatite			1750	1770	20
Granite			1770	1790	20
Pegmatite			1790	1800	10
Diorite			1800	1820	20
Granite			1820	1840	20
Alaskite			1840	1860	20
Granite			1860	1880	20
Alaskite			1880	1900	20
Granite			1900	2120	220
Quartz			2120	2150	30

9. WELL CONSTRUCTION
Depth Drilled: _____ Feet Depth Cased: _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12.75	41.52	.3125	1858.81	2119.15

PERFORATIONS:
Type of perforation: _____
Size of perforation: _____
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS
 Sanitary Seal _____ to _____
 Neat Cement _____ 1604 to _____ 1624 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.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started 18-Jul, 20 12
Date completed _____, 20 _____

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

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name National EWP Contractor
Address Elko, NV 89801 Contractor
Nevada contractor's license number as issued by the State Contractor's Board 007355
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller) _____
Signed: _____
Date: _____
By driller performing actual drilling on site or contractor.

(Rev. 08 12)

USE ADDITIONAL SHEETS IF NECESSARY