

ORIGINAL

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

OFFICE USE ONLY
Log No. 117829
Permit No. 81505T
Basin OTL

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. 68297

1. OWNER SUNRISE MINERALS ADDRESS AT WELL LOCATION DUN GLEN
MAILING ADDRESS 7343 S. Alton Way #100
Centennial, CO 80112 Subdivision Name: _____ County: Pershing

2. LOCATION SE 1/4 NW 1/4 Sec 17 T 33N N/S R 36 E Latitude 40° 44.047 N UTM E NAD 27
PERMIT/WAIVER No. 81505 T Longitude 117° 57.622 W N NAD 83/WGS 84
issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CEMENTED GRAVELS WITH SOME COBBLES		0'	130'	130'
GRAVEL WITH SOME CLAY		130'	200'	70'
GRAVEL WITH SILTY CLAY		200'	240'	40'
SAND AND GRAVEL		240'	300'	60'
SAND AND GRAVEL WITH SOME CLAY		300'	590'	290'
CONSOLIDATED SANDS AND GRAVELS		590'	700'	110'

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>700'</u>		<u>691'</u>	

HOLE DIAMETER (BIT SIZE)

From	To
<u>20"</u> Inches	<u>0'</u> Feet
<u>12 3/4"</u> Inches	<u>20'</u> Feet
	<u>700'</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14"</u>		<u>.250"</u>	<u>0'</u>	<u>50'</u>
<u>8 5/8"</u>		<u>.188"</u>	<u>+2'</u>	<u>691'</u>

Perforations:

Type of perforation MILL SLOT DOUBLE ROW
Size of perforation .090"
From 189' feet to 691' feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0'</u> to <u>50'</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input 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 0' to 700' Pumped Poured
Type: BCJ 3/8" MINUS
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 13-Apr , 20 12
Date completed: 23-Apr , 20 12

7. Water Level
Static water level: 407.5' feet below land surface
Artesian Flow: NO G.P.M. 0 P.S.I.
Water Temperature: COOL °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
CONSTANT	<u>9</u>	<u>142.50</u>	<u>11.5 HRS</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Hydro Resources-West, Inc. Contractor
Address 4975 W. Winnemucca Blvd. Contractor
Winnemucca NV, 89445
Nevada contractor's license number issued by the State Contractor's Board 56797
Nevada driller's license number issued by the Division of Water Resources, the on-site driller # 2177
Signed Michelle Strothen By driller performing actual drilling on site or contractor
Date 5/7/2012

RECEIVED
2012 MAY 10 AM 11:09
STATE ENGINEERS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY

NAD 27 40.734212°N, 117.959397°W