

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

OFFICE USE ONLY
Log No. 117913
Permit No. _____
Basin 028

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. 68577 ✓

1. OWNER Allied Gold Corporation ADDRESS AT WELL LOCATION Sulfer to Imlay Rd.
MAILING ADDRESS 9790 Gateway Dr. Ste. 200 Reno NV 89521 KP-DH-21
Subdivision Name: _____ County: Pershing

2. LOCATION NW 1/4 SW 1/4 Sec 34 T 35 N R 29 E Latitude 354475.25 UTM 68577
PERMIT/WAIVER No. m/o 1853 Longitude N4524907.24 NAD 27 68577
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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand Salt Loose	0	40	10	10'
Clay Hard Brn.		10	30	20
Sand Silty Coarse		30	45	15
Clay hard medium moist medium		45	250	205

9. WELL CONSTRUCTION

Depth Drilled 250 Feet Depth Cased 248 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
<u>8</u> Inches	<u>0</u> Feet	<u>25</u> Feet	Feet
_____ Inches	_____ Feet	_____ Feet	Feet
_____ Inches	_____ Feet	_____ Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>Sch 40 Puc</u>	<u>+2</u>	<u>218</u>

Perforations:

Type of perforation mill slot
Size of perforation 020

From	feet to	feet
<u>218</u>	<u>248</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annular Seal: Yes No

	to		
<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>20</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 checked="" type="checkbox"/> 200% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 218 to 250
Type: 216
 Pumped Poured

Bentonite Chips: Yes No 20 to 250
Type: 3/8 chips 216
 Pumped Poured

Date started: 8-28-12, 20
Date completed: 10-6-, 20 12

7. Water Level

Static water level: 131.9 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: NA °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
<u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 National EWP / Jim Whitley Contractor
Address 580 W. Silver St. Elko NV 89801 Contractor

Nevada contractor's license number _____
issued by the State Contractor's Board 0075 355
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: _____

Signed Jim Whitley 2/11
By driller performing actual drilling on-site or contractor

Date 10-19-12

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

(NSPD 3-08)

NAD27 40.862409°N, 118.725722°W