

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

OFFICE USE ONLY
Log No. 119577
Permit No. _____
Basin No. 044

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
black ink on this side of the page.

68808
AWRC-04
ZPL-1

1. OWNER/CLIENT NAME Anova Metals
MANUFACTURER: 1001 SW 5th AV, Ste 1100
Portland, OR 97204

DETAILED ADDRESS AT WELL LOCATION Big Springs Ranch
Elko

2. PLS LOCATION SE 1/4 SE 1/4 2 Sec 42N R1S 53 E
PERMIT/WAIVER NO. M10-1904

Latitude UTM E 586,104 NAD 27
Longitude UTM N 4,601,344 NAD 83/NGS 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	Depth	Interval	From	To	Thick-ness
gravel & boulders & some sand			0	80	80
brown granites			80	100	20
10" monogment					

9. WELL CONSTRUCTION					
Depth Drilled:		100	Feet	Depth Cased:	
		100	Feet		
	From	To			
10 5/8	Inches	0	Feet	100	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6		SR17	+2	100

PERFORATIONS:
Type of perforation: mill slot
Size of perforation: 0.032
From 20 Feet To 100 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS
 Sanitary Seal 0 to 20 Pumped Poured
 Neat Cement 0 to 19 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 19 to 20 Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] 20 to 100 Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

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 checked="" type="checkbox"/> Air Lift			
	dry		1

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 1689
Date: 12-19-13

(Rev. 08-12)

USE ADDITIONAL SHEETS IF NECESSARY