

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

OFFICE USE ONLY
Log No. 119578
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

1. OWNER/CUSTOMER NAME Anova Metals
32 1001 SW 5th St Ste 1100
Portland, OR 97204

DETAILED ADDRESS AT WELL LOCATION Well #2 Big Springs Ranch
Elko

68809
AWVDD-003
ZPL-2

2. PLAT LOCATION N 1/4 SE 1/4 2 Sec 42N T18S 53 E
PERMIT/AWARD NO. M/O-1904

Latitude 38° 06' 7" NAD 83
Longitude 113° 41' 19" W

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	From	To	Thickness
gravel, boulders & sand	0	25	25
brown granites	25	300	275
10" monument			

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Mad 27
411.559914
115.967654

9. WELL CONSTRUCTION

Depth Drilled: 300 Feet Depth Cased: 300 Feet

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>300</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>SR17</u>	<u>+2</u>	<u>300</u>

PERFORATIONS:

Type of perforation: mill slot
Size of perforation: 0.032

From 20 Feet To 300 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

<input checked="" type="checkbox"/> Sanitary Seal	<u>0</u> to <u>20</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>19</u>	<input 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"/> Bentonite Chips	<u>19</u> to <u>20</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> Other, explain: _____			
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>20</u> to <u>300</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

7. WATER QUALITIES
Static water level: 32 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool ° 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>13</u>		<u>2</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 _____ 1689

Signature: Don [unclear]
Date: 12-19-13

(Rev. 08-12)

USE ADDITIONAL SHEETS IF NECESSARY