

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

OFFICE USE ONLY
Log No. **121436**
Permit No. _____
Basin No. _____

mw-27

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. **70428**
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME **CHAPARRAL GOLD**
MAILING ADDRESS **230 SOUTH ROCK BLVD. SUITE 30**

DETAILED ADDRESS AT WELL LOCATION **4/A**

2. PLS LOCATION **SE 1/4 SW 1/4 23 Sec 2 N 42 E**
PERMIT/WAIVER NO. **MO-2988**
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County **ESMERALDA**
Latitude _____ UTM E **479272.90** NAD 27
Longitude _____ UTM N **4117539.10** NAD 83/WGS 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 Com / 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
ALLUVIUM (DRY)			0	30
CLAY WITH VOLCANIC GRAVELS			30	50
ANDESITE, ALTERED TUFF CLAY MINERALS AND IRON-OXIDE FRACTURED ROCK (WET) CLAY (DRY)			50	150
			150	168
			168	177

9. INSTRUCTION
Depth Drilled: **0** Feet **177** Depth Cased: **177** Feet
HOLE DIAMETER (BIT SIZE)
From **0** To **177** Feet
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		Sch 80	0	147

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout **2** to **140** Pumped Poured
 Concrete Grout **0** to **2** Pumped Poured
 Bentonite Chips **140** to **145** Pumped Poured
 Gravel Pack [> 0.2 in.] to _____ Pumped Poured
 Sand Pack [< 0.2 in.] **145** to **177** Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:
Type of perforation: **FACTORY CUT**
Size of perforation: **.020**
From **147** Feet To **177** Feet
From _____ Feet To _____ Feet

Date started: **2-17**, 20 **14**
Date completed: **2-20-14**, 20 **14**

7. WATER QUALITIES
Static water level: **94"** 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"/> Bailor <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 **ROBERT SALOIS BOARDMAN**
Address **605 UNION PAC. COWAY ELKO, NV 89801**
Nevada contractor's license number **0021976**
as issued by the State Contractor's Board
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller) **2270-m**
Signed: _____
By driller performing actual drilling on site or contractor
Date: **3-19-14**

37, 744916 NAD
-117, 23526 27