

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

OFFICE USE ONLY
Log No. 122134
Permit No. _____
Basin No. 049

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. 72752
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME MP ELKO LLC
MAILING ADDRESS 2755 MOUNTAIN CITY HWY
ELKO, NV 89801

DETAILED ADDRESS AT WELL LOCATION EL DEE DR

Subdivision Name: SPECIAL LANDS County: ELKO

2. PLS LOCATION NE 1/4 NW 1/4 1 Sec 34N N/S 54 E
PERMIT/WAIVER NO. 005-51D-073
Issued by Water Resources Current Parcel No.

Latitude UTM E 597512 NAD 27
Longitude UTM N 4524559 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 / OM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
ALLUVIUM			0	10
LIGHT GREEN CLAY			10	50
DARK GREEN CLAY			50	160
LIGHT GREEN CLAY			160	200
DARK GREEN CLAY			200	430
DARK GREEN CLAY w/ SHALE		XX	430	450
GREEN CLAY w/ SHALE		XXX	450	500
FIRST WATER		420		

9. INSTRUCTION

Depth Drilled: 500 Feet Depth Cased: 500 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>500</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>6.625</u>	<u>13</u>	<u>.188</u>	<u>+1.5</u>	<u>500</u>

RECEIVED
 2015 APR 23 AM 10:50
 STATE ENGINEERS OFFICE
 NAD 27
 40.868194°N
 115.842177°W

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>4</u> to <u>25</u>	<input type="checkbox"/> Pumped	<input checked="" 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>25</u> to <u>105</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>105</u> to <u>500</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

PERFORATIONS:

Type of perforation: PLASMA CUT

Size of perforation: 3/16" X 4" 7 ROWS

From <u>440</u>	Feet	To <u>480</u>	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet

Date started: 9-Apr 20 15
Date completed: 13-Apr 20 15

7. WATER QUALITIES
Static water level: 293 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 61 ° Fahrenheit
Water Quality: GOOD

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name HACKWORTH DRILLING INC. Contractor
Address P.O. BOX 850, ELKO, NV 89803 Contractor

8. WELL TEST DATA

Test Method:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
AT 480'	<u>15</u>		<u>2 HOURS</u>
AT 460'	<u>15</u>		<u>2 HOURS</u>
AT 440'	<u>13</u>		<u>1 HOUR</u>
AT 420'	<u>7</u>		<u>1 HOUR</u>
AT 400'	<u>4 1/2</u>		<u>1 HOUR</u>

Nevada contractor's license number as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2329
Signed: _____
Date: 4/14/2015