

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

OFFICE USE ONLY
Log No. 123643
Permit No. _____
Basin No. 101

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. 73132
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ROSEHILL LLC
MAILING ADDRESS 5750 STILLWATER ROAD
FALLON, NV 89406

DETAILED ADDRESS AT WELL LOCATION 5750 STILLWATER ROAD
FALLON, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SW 1/4 SE 1/4 25 Sec 19 N/S 29 E
PERMIT/WAIVER NO. 007-951-02
Issued by Water Resources Current Parcel No.

Latitude 39.474204°N UTM E _____ NAD 27
Longitude 118.673518°W UTM N _____ NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Monitor
 Mining / Dewater 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
OVER BURDEN			0	3
BROWN GUMMY CLAY			3	30
GRAY CLAY			30	38
BLACK GUMMY CLAY			36	70
GRAY CLAY			70	110
GRAY SILTY SANDS AND CLAY		XXX	110	160

9. INSTRUCTION
Depth Drilled: 160 Feet Depth Cased: 160 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12 1/4</u> inches	<u>0</u> to <u>160</u> Feet
_____ inches	_____ Feet
_____ inches	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+2</u>	<u>160</u>
<u>6 5/8</u>	<u>4.26</u>	<u>.188</u>	<u>20</u>	<u>160</u>
<u>SDR 21</u>				

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 100 to 160 Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

Date started: 28-Sep 20 15
Date completed: 2-Oct 20 15

7. WATER QUALITIES
Static water level: 8 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 49 ° Fahrenheit
Water Quality: GOOD

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 checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>35</u>	<u>3 HRS</u>

PERFORATIONS:

Type of perforation: FACTORY MILL SLOT
Size of perforation: 0.032

From 120 Feet To 160 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor

Address 20 KIT KAT DRIVE CARSON CITY, NV 89706
Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 065548
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____

Signed: Michael J. [Signature]
By driller performing actual drilling on site Contractor

Date: 10/6/2015

RECEIVED
OCT 10 2015
ENGINEERS
1905

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

Replaces unknown well log