WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 23942
Permit No.
Basin

1. OWNER Minerals unlimited Corp ADDRESS Mina NV

2. LOCATION NE ¼ SW ¼ Sec. 5 T. 6 N/S R. 35 E. Mineral County
PERMIT NO.

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☒ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil		0	2	
Brown Red Rock Clay		2	16	
Red Sandy Clay		16	138	
Red Clay coarse sand		138	156	
Red Clay		156	217	
coarse sand in layer with Clay		217	265	
Red Clay		265	268	
TD 265 feet				

Date started 7-21, 19 82
Date completed 7-23, 19 82

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Blew well with 250 psi			
600 GPM			
for ½ hr to clean + develop			

BAILER TEST
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 12¾ inches Total depth 265 feet
Casing record 8 5/8
Weight per foot Thickness .156

Diameter	From	To
8 5/8 inches	18' feet	265 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cement Slurry
Depth of seal 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 265 feet to 50 feet

Perforations:
Type perforation mill-Factory
Size perforation 3X32X3
From 265 feet to 204 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 46 Feet below land surface
Flow air G.P.M. 50+
Water temperature Cold °F. Quality good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name AQUA Drilling + Well Service
Address 2255 Glendale AVE
Nevada contractor's license number 15291
Nevada driller's license number 817#
Signed Frank Padilla
Date 7-26-82

USE ADDITIONAL SHEETS IF NECESSARY

O-627