

OFF set of hole # H-4 (B-B above)

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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 39082
Permit No. _____
Basin 61

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 14952

1. OWNER Dee Gold Mining Co ADDRESS AT WELL LOCATION Dee Gold Mining Co
MAILING ADDRESS P.O. Box 1193 3.8 Miles North of Carlin
Elko Nevada 89801 Carlin Nevada 89822
2. LOCATION NW 1/4 NW 1/4 Sec. 3 T. 36N N/S R. 49E E County Elko
PERMIT NO. EM/D-530 Parcel No. _____ Subdivision Name _____
Issued by Water Resources _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Pulled casing 4" SCH-40 PVC				
Hole depth 0 5 TD				
Cement hole from 0-5'				
No water in hole				
MAY -6 AM 11:28				
STATE ENGINEERS ASSOCIATION				

8. WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
 Cement Grout
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 17 APRIL 92, 19_____
Date completed _____, 19_____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Ekhund Drlg Co Contractor
Address P.O. Box 605 Union Pacific way Contractor
Elko, Nevada 89801
Nevada contractor's license number 0030823
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1724
Signed Marv Koplus
By driller performing actual drilling on site or contractor
Date 17 APRIL 92