OH-47

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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 72767
Permit No.
Basin 31

NOTICE OF INTENT No. 2056

1. OWNER Amax
MAILING ADDRESS Coe. Sod Hot Springs Rd
Winnemucca NV 89445
ADDRESS AT WELL LOCATION Sleeper Mine

2. LOCATION NW ¼ NW ¼ Sec. 16 T 40 N R 35 E Humboldt County
PERMIT NO. EV013 (Issued by Water Resources) | Parcel No. | Subdivision Name

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	Thickness
OH-47 Bent Gravel		To 10	TD 220	
Cement 10' to Surface				
OH-47 B Bent Gravel		To 10'	TD 415	
Cement 10' to Surface				
Plugging of log # 30738				
plugging of log #30739				
P+A				

Date started 3-18, 1978
Date completed 3-18, 1978

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

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

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
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name AAA Drlg (Contractor)
Address Box 2487 (Contractor)
Elko NV 89803
Nevada contractor's license number issued by the State Contractor's Board 20684
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1799
Signed Owen Genne
By driller performing actual drilling on site or contractor
Date 4-15-78

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O) 627