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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. 48716

1. OWNER Cover Precious Metals ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS PO Box 1057 \_\_\_\_\_  
Loveock Nevada 89419 \_\_\_\_\_  
 2. LOCATION SE 1/4 NE 1/4 Sec 10 T. 28 N S R. 34 E County \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_ 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	Thick-ness
<u>AAW-22</u>				
<u>hole depth 95'</u>				
<u>4" Diameter</u>				
<u>from 10 bentonite</u>				
<u>grout from 80'</u>				
<u>from 10 cement</u>				
<u>from 50'</u>				
<u>Used 2 50# bags of superplug</u>				
<u>(Bentonite Grout)</u>				
<u>Used 4 94# cement bags</u>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal \_\_\_\_\_

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 04-07- \_\_\_\_\_, 2003  
 Date completed 04-07- \_\_\_\_\_, 2003

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

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 Eklund Drilling Co Inc  
 Address 605 Union Pacific Way  
Elko Nevada 89803  
 Nevada contractor's license number 0019378  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources 1880  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 04-07-03

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 MAY 27 PM 12:31  
 STATE ENGINEERS OFFICE