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

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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. 90454
Permit No.
Basin 02

NOTICE OF INTENT NO. 46763

1. OWNER Kennecott Rawhide Mining Company
MAILING ADDRESS P.O. Box 2070 Fallon NV 89407
ADDRESS AT WELL LOCATION Kennecott Rawhide Mining Company 55 miles SE of Fallon NV Gabbs Playa

2. LOCATION SW ¼ SW ¼ Sec. 5 T. 12 (N)/S R. 33 (E) Mineral County
PERMIT NO. Issued by Water Resources | Public Lands BLM 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 H.S.A.

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|---|---|---|---|
| Set up on Hole (2" Monitor well 45' Deep) | | | | |
| Pulled the protective casing off, pulled | | | | |
| The pvc out of the Hole. Set up and | | | | |
| Drilled 46' Deep, tremie grout From bottom | | | | |
| to top with Neat cement. | | | | |

Date started 4-14-03, 19
Date completed 4-14-03, 19

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)

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

Surface Seal: ☒ Yes ☐ No
Depth of Seal 46' Bottom to top
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 No water present feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature <65° °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 Haz-Tech Drilling Inc (Contractor)
Address P.O. Box 940 Meridian ID 83680 (Contractor)
Nevada contractor's license number issued by the State Contractor's Board 0038018
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1803
Signed ____ (By driller performing actual drilling on site or contractor)
Date 4-14-03

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