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. 93154
Permit No.
Basin 155C

NOTICE OF INTENT NO. 49048

1. OWNER ALPINE INC
MAILING ADDRESS 2600 LINDA LANE
EDMOND, OK 73013

ADDRESS AT WELL LOCATION LITTLE SMOKY VALLEY, SOUTHERN HYDRO BASIN

2. LOCATION NW 1/4 NW 1/4 Sec. 24 T 10 N/S R 52 E NYE County
PERMIT NO. OG-223A (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
DRILLED OUT OLD				
EXISTING WELL				
DRILLED THROUGH CEMENT				
PLUG. 122' CASING IN				
OLD WELL.				
118' OF OPEN HOLE				
TOTAL DEPTH 240'				

RECEIVED 2003 DEC 1 PM 1:10 WATER RESOURCES OFFICE

Date started 10/14/2003 , 19__
Date completed ~~10/23/1993~~ 2003 , 19__

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

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
APPROX	40		

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
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 49 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature COLD °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 SHAREL C. FERTIG SR., DBA FERTIG DRILLING CO (Contractor)
Address P.O. BOX 525 (Contractor)
ELKO, NEVADA 89803
Nevada contractor's license number issued by the State Contractor's Board 031904
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
Signed (By driller performing actual drilling on-site or contractor)
Date 11/20/2003

USE ADDITIONAL SHEETS IF NECESSARY