

FINALIZED
MA

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 110645
Permit No. _____
Basin 059

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 64380

1. OWNER Al Park Petroleum ADDRESS AT WELL LOCATION 501 East Front Street
MAILING ADDRESS 275 12th Street Battle Mountain Nevada 89820
Elko Nevada 89401 Subdivision Name: _____ County: Lander

2. LOCATION NW 1/4 NE 1/4 Sec 20 T 32N R 45 E Latitude N 40.63775° UTM E NAD 27
PERMIT/WAIVER No. FACT 5-000326 002-140-05 Longitude W-110.92921° N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravel silts	NO	0	5	5
silts clay	NO	5	10	5
Clay silts sands	YES	10	15	5
sands silts	YES	15	20	5
sands gravel	YES	20	30	10

Hole # MS-4
NAD 27 GPS
40.637839° N
110.928276° W

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>30</u>		<u>30</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
<u>3</u>	<u>0</u>		<u>30</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>Sch. 40</u>	<u>0</u>	<u>28</u>

Perforations:

Type of perforation Factory slot
Size of perforation .020

From	feet to	feet
<u>30</u>	<u>28</u>	

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 24 to 2 Pumped Poured
 Concrete Grout 2 to 0 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 30 to 26 Pumped Poured
Type: 10/20 silica sand

Bentonite Chips: Yes No 26 to 24 Pumped Poured
Type: 3/8 coated pellets

7. Water Level

Static water level: 10 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: 285 °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
STATE ENGINEERS OFFICE		
201 MAY - 5 AM 11-01		
RECEIVED		

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 Contractor
Meridian, ID 83680

Nevada contractor's license number _____
issued by the State Contractor's Board 0038014
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1803-T1

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 4/1/10