

ORIGINAL

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

OFFICE USE ONLY
Log No. 116894
Permit No. _____
Basin 118

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. 67739

1. OWNER GLOBAL SILICA INC.
MAILING ADDRESS 3960 HOWARD HUGHES PARKWAY

ADDRESS AT WELL LOCATION TEST HOLE 4-F of 4
COALDALE MONTE CRISTO

Subdivision Name: _____ County: Esmeralda

2. LOCATION SW 1/4 SW 1/4 Sec 23 T 04N N/S R 37 E
PERMIT/WAIVER No. BLM N-8733W

Latitude 38° 10' 55.7" N UTM E NAD 27
Longitude 117° 50' 08.5" W N NAD 83/WGS 84

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

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
<u>SURFACE GRAVELS</u>		<u>0'</u>	<u>15'</u>	<u>15'</u>
<u>SILICA</u>		<u>15'</u>	<u>75'</u>	<u>60'</u>
<u>THIS HOLE WAS A</u>				
<u>EXPLORATION HOLE THAT</u>				
<u>WAS PLUGGED TO NEVADA</u>				
<u>STATE REGS.</u>				
<u>A 10' CEMENT PLUG WAS</u>				
<u>PUT ON TOP.</u>				

9. WELL CONSTRUCTION					
Depth Drilled	Feet	Depth Cased	Feet		
<u>75'</u>		<u>0'</u>			
HOLE DIAMETER (BIT SIZE)					
	From	To			
<u>6"</u>	<u>0'</u>	<u>75'</u>			
	Inches	Feet			

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:			
Type of perforation	Size of perforation	From	feet to

Annular Seal: Yes No

Neat Cement 0' to 10' Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 9-Nov, 2011

Date completed: 9-Nov, 2011

7. Water Level
Static water level: NONE feet below land surface
Artesian Flow: NO G.P.M. 0 P.S.I.
Water Temperature: N/A °F
Quality: _____

8. WELL TEST DATA			
TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>38.</u>	<u>182210°N</u>	<u>NA027</u>
	<u>117.</u>	<u>834756°W</u>	<u>Dec/Dec</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Hydro Resources-West, Inc.
Contractor
Address 4975 W. Winnemucca Blvd.
Contractor
Winnemucca NV, 89445
Nevada contractor's license number _____
issued by the State Contractor's Board 56797
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller # 1713
Signed Michelle Strother
By driller performing actual drilling on site or contractor
Date 12/12/11

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY