

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

OFFICE USE ONLY
Log No. 114394
Permit No. _____
Basin 187

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. 61061

1. OWNER New West Gold, USA ADDRESS AT WELL LOCATION Long Canyon
MAILING ADDRESS 230 S. Rock Blvd
Reno, NV 89502 Subdivision Name: _____ County: Elko

2. LOCATION SW ¼ SW ¼ Sec 21 T 36N N/S R 66 E Latitude _____ UTM E 708331 NAD 27
PERMIT/WAIVER No. M/O-1508 Longitude _____ N 4539759 NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Limestone		0	110	110
Limestone & Diorite		110	135	25
Limestone		135	415	280
Dolomite	640	415	720	305
Limestone		720	900	180
#8 Silica Based Gravel				
900 to 554				
3/8" Kwik Plug Chip				
854 to 0				

*NAD 27
40.982493° N
114.522408° W*

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
900		900	

HOLE DIAMETER (BIT SIZE)

From	To
12.5 Inches	0 Feet
6.5 Inches	20 Feet
	900 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625		.25	0	20
2.375		Sch 80	+2	900

Perforations: Slotted

Type of perforation _____
Size of perforation 0.2

From 900 feet to 860 feet
From 860 feet to +2 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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 900 to 854 Pumped Poured
Type: #8 Silica Based Gravel & Natural Fill

Bentonite Chips: Yes No 854 to 10 Pumped Poured
Type: 3/8" Kwik Plug Medium Chip

Date started: 21-Nov , 20 08
Date completed: 3-Dec , 20 08

7. Water Level
Static water level: 497 feet below land surface
Artesian Flow: No G.P.M. N/A P.S.I.
Water Temperature: Cold °F
Quality: Clear

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Baller <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>14</u>	<u>N/A</u>	<u>1</u>

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 Company, Inc.
Contractor

Address PO Box 2748
Contractor

Elko, NV 89803

Nevada contractor's license number _____
issued by the State Contractor's Board 0030823

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2363

Signed Timothy Dawson By driller performing actual drilling on site or contractor
Date 12/11/2008