

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

OFFICE USE ONLY
Log No. 115560
Permit No. 05127
Basin No. 072

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DO NOT WRITE ON BACK

Please complete this form in its entirety in

WELL IDENTIFICATION NO. 68780

1. OWNER/CLIENT NAME Milton Christensen
MAILING ADDRESS P.O. Box 548
Provo, UT 84603

DETAILED ADDRESS AT WELL LOCATION Mill City
Pershing

2. PLS LOCATION NW 1/4 SE 1/4 8 Sec 32N N/S 35 E
PERMIT/ANALYSIS NO. 68127 008420.54

Latitude W118°04.240 UTM E NAD 27
N40°39.493 UTM N NAD 83/2011

3. WORKED PERFORMED
 New Well Deepen: Orig WL#
 Replacement: Original well log #
 Recondition: Original well log #

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	From	To	Thick-ness
alluvial	0	2	2
limestone	2	180	
granite	180	440	260
limestone	440	480	40
granite	480	500	20

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NAD27
40.65831° N
118.00974° W

9. WELL CONSTRUCTION

Depth Drilled:	500	Feet	Depth Cased:	492	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12		250	+2	490

PERFORATIONS:

Type of perforation: mill slot
Size of perforation: 3/16x3
From 390 Feet To 490 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

Sanitary Seal 2 to 100
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] 100 to 490 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

7. WATER QUALITIES
Static water level: 70 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>500+</u>		<u>6</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Alternative Drilling Co LLC Contractor
Address P.O. Box 281166, Lamoille, NV 89828 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 73955
Nevada well driller's license number as issued by the _____ 2464
Signed: Dem. New
11-14-2013