

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

OFFICE USE ONLY
Log No. 119222
Permit No. _____
Basin No. 045

PRINT OR TYPE IN BLACK INK 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. 67454

1. OWNER/CLIENT NAME Andy Boyd (Nobel Energy)
MAILING ADDRESS 2411 Rodeo Ct
Elko, NV 89801

DETAILED ADDRESS AT WELL LOCATION Boyd Ranch
Outside Lamoille NV
Elko

2. PLS LOCATION SW ¼ SE ¼ 33 Sec 35 N/S 58 E
PERMIT/WAIVER NO. OG-282

Latitude UTM E 207227/6504 NAD 27
Longitude UTM N 14845983.47 NAD 83/WGS 84

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	Lost	Water	From	To	Thick-ness
sand/gravel			0	20	20
blue clay		390	20	440	
		410			
<u>H330 Water Supply Well</u>					
NAD 27 40.567904° N 115.458071° W					

9. WELL CONSTRUCTION					
Depth Drilled:	440	Feet	Depth Cased:	440	Feet
	<u>10 5/8</u>	Inches	<u>0</u>	Feet	<u>440</u> Feet
		Inches		Feet	Feet
		Inches		Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>+18</u>	<u>440</u>

PERFORATIONS:
Type of perforation: mill slot
Size of perforation: 3/16x3
From 420 Feet To 440 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS
 Sanitary Seal 0 to 100 Pumped Poured
 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 440 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: Aug 1, 20 13
Aug 20, 20 13

7. WATER QUALITIES
Static water level: 100 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold ° Fahrenheit
Water Quality: _____

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

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>50</u>		<u>20</u>

Nevada contractor's license number as issued by the State Contractor's Board: 73955
Nevada well driller's license number as issued by the _____: 2465
Signed: Don Mum
Date: 11-15-2013