

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

OFFICE USE ONLY
Log No. 120619
Permit No. _____
Basin No. 049

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. 70687
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Sterling Skinner
MAILING ADDRESS 706 Last Chance Rd #5
Elko, NV 89801

DETAILED ADDRESS AT WELL LOCATION 1614 Rio Dr
Subdivision Name: Adobe Heights County: Elko

2. PLS LOCATION NE 1/4 NW 1/4 1 Sec 34N N/S 54 E
PERMIT/WAIVER NO. 005-51D064

Latitude W114°84.962 UTM E NAD 27
Longitude N40°86.678 UTM N 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
top soil			0	2	2
sand & gravel			2	4	2
hard pan			4	8	4
siltstone & some gravel			8	80	72
boulders & gravel			80	100	20
gray shale			100	240	140
gray siltstone		X	240	280	40

9. WELL CONSTRUCTION

Depth Drilled:	280	Feet	Depth Cased:	280	Feet
From _____ To _____					
10 5/8	Inches	0	Feet	280	Feet
_____	Inches	_____	Feet	_____	Feet
_____	Inches	_____	Feet	_____	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	+18"	280

PERFORATIONS:

Type of perforation: mill slot
Size of perforation: 3/16 x 3
From 260 Feet To 280 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

Sanitary Seal 0 to 55 Pumped Poured
 Neat Cement 5 to 20 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 20 to 55 Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15% 20% Other, explain: _____
 Gravel Pack [> 0.2 in.] 55 to 280 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 13-May , 20 14
Date completed: 18-May , 20 14

7. WATER QUALITIES
Static water level: 122 Feet below land surface
Artesian Flow: _____ G.P.M. P.S.I.
Water Temperature: cool ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>22</u>		<u>4</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 Nevada Division of Water Resources (on-site driller): 16809
Signed: [Signature]
Date: 6-1-14

RECEIVED
2014 SEP -8 AM 11:29
STATE ENGINEERS OFFICE

NAD 27
40.866631°N
115.848912°W