

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

OFFICE USE ONLY
 Log No. 120903
 Permit No. _____
 Basin 103

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 71848

1. OWNER Consolidated Virginia Mining Co ADDRESS AT WELL LOCATION Sutro Mine
 MAILING ADDRESS PO Box 890 Virginia City NV 89440
Virginia City NV 89440 Subdivision Name: _____ County: Storey

2. LOCATION NW¼NE¼ Sec20T 17N / R 21 E Latitude 39.329326 UTM E NAD 27
 PERMIT/WAIVER NO. 82603 004-301-06 Longitude -119.644605 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK 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
Reamed Open Borehole		278	395	117
Gray Green Volcanic Rock		395	422	27
Soft Zone	X	422	424	2
Gray Green Volcanic Rock		424	465	41
Soft Zone	X	465	467	2
Gray Green Volcanic Rock		467	500	33

Date started: 7/24, 20 14
 Date completed: 7/28, 20 14

7. Water Level
 Static water level: 198 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: not tested

8. WELL TEST DATA

TEST METHOD:	TEST METHOD:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Air</u>	<u>12</u>		<u>4</u>

9. WELL CONSTRUCTION
 Depth Drilled 500 Feet Depth Cased 500 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches 278 Feet 500 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>260</u>	<u>500</u>
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>290</u>	<u>475</u>

Perforations:
 Type of perforation Factory
 Size of perforation .060 double row
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ 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: _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Bruce MacKay Pump & Well Service, Inc.
 (CONTRACTOR)
 Address 1600 Mt. Rose Hwy
 (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board 23096
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 923
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date 7/30/14

RECEIVED
 2014 SEP 23 AM 11:24
 STATE ENGINEERS OFFICE

NAD 27
39.329414°N
119.643592°W