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WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 56249

1. OWNER Cortez Gold Mines ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4666 Box 1250 _____
Crescent Valley, NV. 89821 _____
 2. LOCATION NE 1/4 NW 1/4 Sec 23 T. 28 N S R 47 E Lander County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. FMW-08 LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Aluvium + Clay		0	120	
50 Sq Ft. 1/8" GRAVEL				
3/8" ^{bags} Bealwhite Chips				
16 Bags Cement				
9 Bags W-60				

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 118 Feet
 HOLE DIAMETER (BIT SIZE)
 From 14 Inches 0 Feet 20 Feet
8 3/4 Inches 20 Feet 120 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"	NOMINAL	5-80	+2	68
4"	NOMINAL	5-80	108	108

Perforations:
 Type perforation slot
 Size perforation .020
 From 68 feet to 108 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Ft. Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 66 feet to 120 feet

9. WATER LEVEL
 Static water level 34 Ft. feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality COOL

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 Contractor
 Address PO Box 2748 Contractor
EIKO, 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 M-2260
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 1-25-06

Date started 1-24-2006, 20 _____
 Date completed 1-24-2006, 20 _____

7. WELL TEST DATA

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>120'</u>	<u>18</u>	