

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



OFFICE USE ONLY

Log No. 101568
 Permit No. _____
 Basin Ø44

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. 58510

1. OWNER Queenstake Resources WELL #2
 MAILING ADDRESS HC 31, Box 78, Elko, NV 89801

ADDRESS AT WELL LOCATION Queenstake minesite, 35 miles north of Elko, Nevada

Subdivision Name: N/A County: Elko

2. LOCATION NE 1/4 NE 1/4 Sec 4 T40N S R54E

Latitude 41-23.889N UTM E NAD 27

PERMIT/WAIVER NO. NEV00000200 N/A
 Issued by Water Resources Parcel No. _____

Longitude 115-53.416W N NAD 83/WGS 84

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
Gravel and Clay		0	25	25
Clay		25	30	5
Gravel and clay		30	50	20
Clay		50	60	10
Gravel		60	70	10
Clay		70	80	10
Gravel		80	90	10
Clay		90	94	4

9. WELL CONSTRUCTION

Depth Drilled 94 Feet Depth Cased 94 Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____
10.625 Inches 0 Feet 94 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>3.63</u>	<u>0.280</u>	<u>+2</u>	<u>94</u>

Perforations:

Type of perforation Slotted
 Size of perforation 0.040"
 From 54 feet to 94 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 49 to 94 Pumped Poured
 Type: 3/8" x 1/4"
 Bentonite Chips: Yes No 10 to 49 Pumped Poured
 Type: 3/8"

Date started: 8/29, 20 06
 Date completed: 8/30, 20 06

7. Water Level
 Static water level: 74 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: Cold °F
 Quality: Clear

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)			
Time (Hours)			
<u>6</u>	<u>1.50</u>		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Lang Exploratory Drilling
 (CONTRACTOR)

Address P.O. Box 5279
 (CONTRACTOR)

Elko, NV 89802

Nevada contractor's license number issued by the State Contractor's Board 0021976

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2258

Signed _____
 By driller performing actual drilling on site or contractor

Date 8-31-06

AW

STATE ENGINEERS OFFICE

2006 SEP -5 AM 11:30

RECEIVED