

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

OFFICE USE ONLY

Log No. 107046
Permit No. _____
Basin 153

PRINT OR TYPE 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. 61347

1. OWNER General Moly ADDRESS AT WELL LOCATION Diamond Valley Hydrographic Basin
MAILING ADDRESS 2215 N. 5th Street Hole #PDT-3B
Elko, Nv 89801 Subdivision Name: _____ County: Eureka

2. LOCATION NW 1/4 SE 1/4 Sec 12 T 22N N/S R 51 1/2 E Latitude 57095.2 UTM E 570018 NAD 27
PERMIT/WAIVER No. 78424 70003 / W-626 Longitude 44059.68 N 4400027 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other

4. PROPOSED USE Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. WELL TYPE Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Weathered Porphyry Tuff		0	60	60
Porphyry Tuff		60	335	275
Hornfels		335	350	15
Porphyry Tuff		350	425	75
Hornfels		425	450	25
Porphyry Tuff		450	470	20
Hornfels		470	475	5
Porphyry Tuff		475	635	160
Hornfels		635	830	195
Porphyry Tuff		830	865	35
Hornfels		865	1000	135

9. WELL CONSTRUCTION

Depth Drilled 1000 Feet Depth Cased 1000 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>13</u> Inches	<u>0</u> Feet	<u>750</u> Feet
<u>12 3/4</u> Inches	<u>750</u> Feet	<u>1000</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>		<u>.250</u>	<u>0</u>	<u>20</u>
<u>8 5/8</u>		<u>.250</u>	<u>1000</u>	<u>+2</u>

Perforations:

Type of perforation Louvered
Size of perforation 0.125

From <u>380</u> feet to <u>1000</u> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement <u>0</u> to <u>15</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 1000 to 380 Pumped Poured
Type: 1/4" Gravel

Bentonite Chips: Yes No 380 to 15 Pumped Poured
Type: 3/8" Chip

Date started: 30-May, 20 08
Date completed: 11-Jun, 20 08

7. Water Level
Static water level: 296 feet below land surface
Artesian Flow: No G.P.M. N/A P.S.I.
Water Temperature: Cool °F
Quality: Clear

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>5 gal Bucket</u>	<u>115</u>		

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 Company, Inc. Contractor
Address PO Box 2748 Contractor
Elko, NV 89803

Nevada contractor's license number 0030823
issued by the State Contractor's Board

Nevada driller's license number issued by the 1819
Division of Water Resources, the on-site driller

Signed Gregory Secret by me
driller performing actual drilling on site or contractor

Date 6/20/2008