

Log No. _____
 Permit No. _____
 Basin 139

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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. 59745

1. OWNER Idaho General Mines ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 455 8th Street Kobeh Valley
Elko, NV 89801 4,398,970.950 North / 557,909.470 East
 2. LOCATION SW 1/4 SW 1/4 Sec. 26 T. 22 N. R. 50 E. Eureka County _____
 PERMIT NO. M10-1458 Parcel No. _____ Subdivision Name Kobeh Valley - Basin 137
Issued by Water Resources

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. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Hard Clay</u>		<u>0</u>	<u>62</u>	<u>62</u>
<u>Consolidated Sands + Gravels</u>	<u>88</u>	<u>62</u>	<u>650</u>	<u>588</u>
<u>N 39.740556</u>				
<u>W 116.324154 NAD27</u>				
<u>Well completion</u>				
<u>Static Water Level</u>				
<u>Shallow - 88'</u>				
<u>Deep - 462'</u>				
<u>Drilled right next to</u>				
<u>1/2 inch well under</u>				
<u>same NOI</u>				

8. WELL CONSTRUCTION
 Depth Drilled 650 Feet Depth Cased 650 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8.5 Inches To 0 Feet 650 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2" SCH 60 PVC</u>			<u>+1</u>	<u>610</u>
<u>2" SCH 80 PVC</u>			<u>+1</u>	<u>430</u>

Perforations: Type perforation Factory Slotted
 Size perforation .020
 From 610 feet to 650 feet
 From 430 feet to 470 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 605/425 0-425 Cement Grout
 Placement Method: Pumped 470-605 Concrete Grout
 Poured
 Gravel Packed: Yes No 605-650
 From 605/425 feet to 650/470 feet

9. WATER LEVEL
 Static water level 88 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 10/28/2007
 Date completed 10/31/2007

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

Draw Down (Feet Below Static)	Time (Hours)
_____	_____
_____	_____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WDC Exploration & Wells Contractor
 Address 570 Corinthian Way Contractor
N. Las Vegas, NV 89030
 Nevada contractor's license number 0012852
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 2057
 Division of Water Resources, the on-site driller.
 Signed _____
 By _____ performing actual drilling on site or contractor
 Date 10-1-07

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