

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

OFFICE USE ONLY **107668**
Log No. _____
Permit No. _____
Basin **139**

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. **61414**

1. OWNER **General Moly** ADDRESS AT WELL LOCATION **Mt. Hope**
MAILING ADDRESS **2215 N 5th Street** Hole #**RWX08-222T**
Elko, NV 89801 Subdivision Name: _____ County: **Eureka**

2. LOCATION SW 1/4 SE 1/4 Sec 7 T 21N N/S R 51 E Latitude **UTM E 562049** NAD 27
PERMIT/WAIVER No. **M/O-1504** Longitude **N 4394093** NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silty Sand		0	40	40
Sand and Gravel		40	200	160
Clay Sand		200	300	100
Sand and Gravel		300	585	285
Sand and Clay		585	685	100
Gravel and Sand		685	705	20
Clay interfolded Sand		705	880	175
Cement (8 - 94# Bags)		0	10	10
3/8" Bentonite Chips (119 - 50# Bags)		10	174	164
1/4" Gravel (30 9 yrd. Supersaks)		174	880	706

M.39.694504
W.116.275405 NAD27

9. WELL CONSTRUCTION

Depth Drilled **880** Feet Depth Cased **880** Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
18 Inches	0 Feet	39.5 Feet	39.5 Feet
12 3/4 Inches	39.5 Feet	880 Feet	880 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14		.25	+5	39.5
8		.188	+2	880

Perforations:

Type of perforation	Size of perforation	Vertical Mill Slot
From Blank	+2 feet to	240 feet
From Screen	340 feet to	380 feet
From Blank	380 feet to	420 feet
From Screen	420 feet to	860 feet
From Blank	860 feet to	880 feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 10	<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 **174** to **880** Pumped Poured
Type: **1/4" Gravel**

Bentonite Chips: Yes No **10** to **174** Pumped Poured
Type: **3/8" Bentonite Chips**

7. Water Level
Static water level: **70** feet below land surface
Artesian Flow: **No** G.P.M. **N/A** P.S.I.
Water Temperature: **59** °F
Quality: **Clean**

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
At TD	250		

STATE ENGINEERS OFFICE
2008 OCT 20 PM 12:43
RECEIVED

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 issued by the State Contractor's Board **0030823**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2330**

Signed **Jason Poole** By **mt**
By driller performing actual drilling on site or contractor
Date **10/14/2008**