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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

Log No. _____
 Permit No. 107092
 Basin. 042

NOTICE OF INTENT NO. 62621

1. OWNER Spirit Minerals ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Acacienda Ranch Rd, Suite 201 BLM claims
N41.499562 W 115.034910 NAD83
 2. LOCATION SW 1/4 SE 1/4 Sec. 26 T. 42 N/S R. 61 E. ELKO Co., County
 PERMIT NO. NEV2007103 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. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gray Chert		0	16	16
Chert + argillite		16	43	27
Chert + argillite		43	55	12
Quartz vein		54	60	6
Chert + Shale		60	74	14
argillite - some chert		74	99	25
Shale - little clay		99	120	21
Shale + chert		120	135	15
chert + argillite		135	160	25
6 5/8" casing has Neat Cement seal to 17'				
4 1/2" casing has Bentonite Chip to 18'				
GPS UTM Nod 83 Feet				
N° 150 78600.92				
E° 217 8292.00				
Elevation 7459.21 FT				

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 20 Feet
 9 1/8 Inches
 From 20 Feet To 160 Feet
 6 1/2 Inches
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13*	.188	8	17
4 1/2	DVC	Sch 40	+1	160

 Perforations:
 Type perforation Machined
 Size perforation _____
 From 20 feet to 40 feet
 From 60 feet to 80 feet
 From 100 feet to 160 feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 17 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No -3/8" Bent. Chip
 From 18 feet to 160 feet

Date started September 23rd, 2008
 Date completed September 24th, 2008

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>25</u>	<u>7.1</u>	<u>2 hrs.</u>

9. WATER LEVEL
 Static water level 1 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality clear

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Trach Drilling Inc. Contractor
 Address P.O. Box 599 Contractor
Silver Springs NV. 89429
 Nevada contractor's license number issued by the State Contractor's Board 31841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2346
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 9.30.08