

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER WESTERN STATES MINERALS ADDRESS ELMO NEVADA

2. LOCATION NE 1/4 NW 1/4 Sec. 29 T. 36 N. R. 50 E. P.ureka County
 PERMIT NO. 7 INRES N.W. CARLIN GOLD

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	5	5
DECOMPOSED		5	30	25
GRANITE		30	45	15
CLAY		45	48	3
HARD GRANITE		48	225	227
CLAY + BROKEN ROCK		225	280	5
HARD GRANITE		280	300	20
NO WATER				
Dry Well				

8. WELL CONSTRUCTION
 Diameter hole 8 inches Total depth 300 feet
 Casing record 10' 8 9/8
 Weight per foot _____ Thickness 2.50

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ Feet below land surface
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

Date started 11-20, 1978
 Date completed 11-23, 1978

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

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

Name ELSING DRILLING
 Address P.O. BOX 919 TWIN FALLS, ID.
 Nevada contractor's license number 12051
 Nevada driller's license number 1076
 Signed Arnold Elsing
 Date 3/12/79