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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. 19216

1. OWNER Echo Bay Minerals ADDRESS AT WELL LOCATION M^Coy mine
 MAILING ADDRESS P.O. Box 1658
BATTLE M^{TN} NEVADA 89820
 2. LOCATION SE 1/4 NE 1/4 Sec. 2 T. 28 N/S R. 42 E Lander Co. County
 PERMIT NO. MO-372 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
Limestone		0	1245	1245
First wet zone	X	810	927	
Fractured				
Ground and voids.				

8. WELL CONSTRUCTION
 Depth Drilled 1245 Feet Depth Cased 1245 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 16 Feet
6 Inches 16 Feet 1245 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>1/4 wall</u>	<u>0</u>	<u>15</u>
<u>2</u>	<u>P.V.C</u>	<u>sch. 80</u>	<u>0</u>	<u>1245</u>

Perforations:
 Type perforation .010 slotted
 Size perforation .010
 From BLANK 0 feet to 1020 feet
 From SCREEN 1020 feet to 1220 feet
 From BLANK 1220 feet to 1245 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal APPROX 180 feet Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 1245 feet to 1000 feet

9. WATER LEVEL
 Static water level 969 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 101 °F Quality good

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 Co. INC Contractor
 Address P.O. Box 2786 Contractor
EIKO NEVADA 8980
 Nevada contractor's license number # 0030823 issued by the State Contractor's Board.
 Nevada driller's license number issued by the # 1759 Division of Water Resources, the on-site driller.
 Signed Tom Kovis
 By driller performing actual drilling on site or contractor
 Date Feb 19

Date started Feb 1 1993
 Date completed Feb 8 1993

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>1245</u>	<u>APPROX 20-25</u>		

'93 FEB 24 AM 149
 RECEIVED
 STATE ENGINEERS OFFICE