

PRINT OR TYPE ONLY
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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. 26203

1. OWNER Santa Fe Pacific Gold Corp. ADDRESS AT WELL LOCATION Twin Creeks Project- 50 miles northeast of Winnemucca, NV
 MAILING ADDRESS P. O. Box 69
Golconda, NV 89414
 2. LOCATION SW 1/4 NE 1/4 Sec 19 T 39N N/S R 43 E Humboldt County
 PERMIT NO. W-297 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	Thick-ness
* Please note that the top 470' of this well was mined away. The last 200' of the well will remain in the highwall, thus needing abandon.				
Clean casing to bottom and cement back through drill string to surface.				
94 AUG 22 P 1:27				
STATE ENGINEER				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation Slotted Casing
 Size perforation 1/8" x 2 1/2" / .100"
 From 470 feet to 620 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 470' - 670' * Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started August 2, 19 94
 Date completed August 4, 19 94

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

9. WATER LEVEL

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

10. DRILLER'S CERTIFICATION

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

Name Drill, mine owned and operated in house Contractor
 Address _____ Contractor

Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1934

Signed [Signature] By driller performing actual drilling on site or contractor
 Date 8-19-94