

OFFICE USE ONLY
 Log No. 46179
 Permit No. _____
 Basin 059

1

NOTICE OF INTENT No. 22248

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Battle MT Gold ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Box 1627 _____
Battle MT NV 89880 _____
 2. LOCATION SW 1/4 NW 1/4 Sec. 26 T. 31 N. R. 43 E. Lander County
 PERMIT NO. MO-651-c 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
<u>FILL</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Grey-Brown chert</u>		<u>2</u>	<u>158</u>	<u>156</u>
<u>Grey chert</u>		<u>158</u>	<u>185</u>	<u>27</u>
<u>White chert with argillite</u>		<u>185</u>	<u>310</u>	<u>125</u>
<u>White chert</u>	<u>x</u>	<u>310</u>	<u>373</u>	<u>63</u>

8. WELL CONSTRUCTION
 Depth Drilled 373 Feet Depth Cased 373 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 1/2 Inches To 0 Feet 373 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>sch 80 PVC</u>	<u>0</u>	<u>373</u>

Perforations:
 Type perforation PVC
 Size perforation 80 S.I.T.
 From 323 feet to 373 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 52' Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 304 feet to 373 feet

9. WATER LEVEL
 Static water level 357 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 62 °F Quality FAIR

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name AAA Drilling Contractor
 Address Box 2487 Contractor
EKO NV. 89801
 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 1783
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-19-94

Date started Sept 6, 1994
 Date completed Sept 12, 1994

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>		<u>4 hrs</u>

Plugged by
Well Log # 112074

94 NOV -2 AM 1:50
STATE ENGINEERS OFFICE