

OFFICE USE ONLY
 Log No. 46301 746305
 Permit No. _____
 Basin 059

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

NOTICE OF INTENT NO. 26424

1. OWNER Echo Bay Minerals ADDRESS AT WELL LOCATION MCCOY MINE
 MAILING ADDRESS P.O. Box 1658 Lander County
BATTLE MTN. NEVADA 89820
 2. LOCATION SW 1/4 SW 1/4 Sec 31 T 29 N/S R 43 E Lander County
 PERMIT NO. m/o-827 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
Dual monitor	well	0	300	300
Gravel monitor	gravel	140	300	
Bedrock monitor		300	450	150
Clay		300	330	
Intrusive		330	370	70
Limestone	X	370	450	80

8. WELL CONSTRUCTION
 Depth Drilled 450 Feet Depth Cased 450 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 140 Feet
6 Inches 140 Feet 450 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6		1/4 wall	0	140
2	PVC	Sch 80	0	450
2	PVC	Sch 80	0	300

Perforations:
 Type perforation 1.0/0 slotted
 Size perforation 1.0/0
 From 410 feet to 450 feet
 From Blank 410 feet to 50 SURFACE feet
 From SCREEN 260 feet to 300 feet
 From Blank 300 feet to SURFACE feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 180 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 450 feet to 330 feet Bedrock
300 240 -Gravel

9. WATER LEVEL
 Static water level 279 - 329 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality FAIR

Date started Sept 17, 1994
 Date completed Sept 21, 1994

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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ERLUND DRILLING CO Contractor
 Address Box 2786 Contractor
EIKO NV. 89802
 Nevada contractor's license number #0030483 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 KEVIS
 By driller performing actual drilling on site or contractor
 Date OCT 2 1994

94 OCT 13 P1 108
 RECEIVED
 STATE ENGINEERS OFFICE