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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. 24557

1. OWNER Santa Fe Pacific Mining Company ADDRESS AT WELL LOCATION Lone Tree Mine Exit near Battle Mtn., NV
 MAILING ADDRESS 861 W. 6th street
Winnemucca, NV 89445

2. LOCATION SE 1/4 NE 1/4 Sec 11 T 34 N S R 42 E Humboldt County
 PERMIT NO. M.C. 1857 027 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 |
|--|--------------|------|-----|------------|
| Siltstone & sandstone | | 0 | 30 | 30' |
| Fault zone | | 30 | 75 | 45 |
| Sandstone | | 75 | 300 | 225 |
| Conglomerate | | 300 | 330 | 30 |
| Quartzite | | 330 | 600 | 270 |
| Siltstone | | 600 | 780 | 180 |
| Quartzite | | 780 | 800 | 20 |
| Abantomite & Enviroplug course neat cement | | 285 | 50 | 235 |
| | | 50 | 0 | 50 |

8. WELL CONSTRUCTION
 Depth Drilled 800 Feet Depth Cased 787 Feet

HOLE DIAMETER (BIT SIZE)

| Inches | From | To | Feet | Feet |
|--------|------|-----|------|------|
| 10 | 0 | 20 | | |
| 6 | 20 | 800 | | |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6" nom. | | 3/16 wall | +2 | 20 |
| 1 1/2 | | SCH80 | +2 | 787 |

Perforations:
 Type perforation Vertical slots
 Size perforation .020 slots

From 787 feet to 587 screen feet
 From 587 feet to +2 blank feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 143 feet below land surface
 Artesian flow _____ G.P.M. clean _____ P.S.I.
 Water temperature 94 °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 EKLUND DRILLING COMPANY, INC. Contractor
 Address P. O. Box 2786 Contractor
Elko, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1786
 Signed Craig Hines
 By driller performing actual drilling on site or contractor
 Date 11-1-94

Date started 9-15, 19 94
 Date completed 10-25, 19 94

7. WELL TEST DATA

| TEST METHOD: | 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) |
| | 220' | 14 | 5 min. |
| | 300' | 46 | 5 min. |
| | 400' | 67 | 5 min. |
| | 500' | 86 | 5 min. |
| | 600' | 89 | 5 min. |
| | 700' | 100 | 5 min. |
| | 800' | 100 | 5 min. |