

OFFICE USE ONLY
 Log No. 47036
 Permit No. _____
 Basin 054 053
 29103

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 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. 29103

1. OWNER Cominco American Res. Inc. ADDRESS AT WELL LOCATION Buckhorn Mine Site
 MAILING ADDRESS P. O. Box 847 Eureka County, NV
Carlin, NV 89822

2. LOCATION SW 1/4 SW 1/4 Sec. 32 T. 27 N/S R. 48 1/2 E Eureka County
 PERMIT NO. M/O-888-A Parcel No. N/A 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
Top Soil		0	3	3
Clay		3	46	43
Brown Grey Rock		46	49	3
Clay		49	58	9
Fractured Rock	X	58	67	9
Brown Grey Rock		67	75	8
Placed 3' bentonite 3/8" pellet seal above sand pack				
Pumped bentonite ground, above bentonite seal to -10'				
Neat cement from 10' to surface Set 6"x6" steel monument around pvc casing to +3 1/2'				
FEB 16 1995 STATE OF NEVADA				

8. WELL CONSTRUCTION
 Depth Drilled 75 Feet Depth Cased 75 Feet

HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 75 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4	pvc	Sch. 40	+3	75

Perforations: Machine Slot
 Type perforation _____
 Size perforation .020
 From 55 feet to 75 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 10 Cement Grout
 Placement Method: Pumped Poured Concrete Grout

Gravel Packed: Yes No
 From 45 feet to 75 feet

9. WATER LEVEL
 Static water level 45 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold F Quality _____

Date started January 25, 1995
 Date completed January 25, 1995

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 checked="" type="checkbox"/> Air Lift	3-4		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Hackworth Drilling, Inc.
 Address P. O. Box 850
Elko, NV 89803

Nevada contractor's license number 020582
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1654
 Division of Water Resources, the on-site driller _____

Signed John L. Sui
 By driller performing actual drilling on site or contractor
 Date 2-13-95