

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 47855
 Permit No. _____
 Basin. 059

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 22249

1. OWNER Battle Mt Gold ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Box 1627 _____
Battle Mt NV 89820 _____
 2. LOCATION Sw 1/4 SW 1/4 Sec 23 T 31 N 43 E Lander County _____
 PERMIT NO. MO 681-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	Thick-ness
Grey + Brown chert		0	275	275'
White chert		275	355	80'
Grey + Brown chert		355	820	465'
White chert		820	940	120'
Grey + Brown chert		940	985	45'
White chert		985	1010	25'
White + Grey chert		1010	1109	99'

(No water)
 Dry hole

Cement hole shut from top to bottom

'94 NOV -2 AM 100
 STATE ENGINEER

8. WELL CONSTRUCTION
 Depth Drilled 1109 Feet Depth Cased No casing Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/2 Inches _____ Feet 1109 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 _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 1109 _____
 Neat Cement
 Cement Grout
 Placement Method: Pumped Poured
 Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

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 AAA Driller Contractor
 Address Box 2487 Contractor
Eiko NV 89803

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			

Date started Sept 19 1994
 Date completed Oct 5 1994

Nevada contractor's license number issued by the State Contractor's Board 002064
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1783
 Signed Larry B. Duffield
 By driller performing actual drilling on site or contractor
 Date Oct 10 - 94