

OFFICE USE ONLY
 Log No. 47532
 Permit No. _____
 Basin 131

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. 29979

1. OWNER Battle Mtn. Gold Company ADDRESS AT WELL LOCATION 18 miles SW of Battle Mtn.
 MAILING ADDRESS P. O. Box 1627 Battle Mtn., NV 89820
 2. LOCATION NE 1/4 NE 1/4 Sec. 28 T 31 N3R 43 E Lander County
 PERMIT NO. M/O-870 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		0	560	560
		560	196	gravel pack
		196	50	bentonite slurry
		50	0	cement

8. WELL CONSTRUCTION
 Depth Drilled 560 Feet Depth Cased 487 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 340 Feet
 6 3/4 Inches
 From 340 Feet To 560 Feet
 6 1/4 Inches
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 3/8		SCH80	+1.5	487

Perforations:
 Type perforation horizontal
 Size perforation .05
 From 210 feet to 487 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 196 feet to 360 feet

9. WATER LEVEL
 Static water level 234 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature N/A °F Quality N/A

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 Co., Inc.
 Contractor
 Address P. O. box 2786, Elko, NV 89803
 Contractor
 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 M-1769
 Signed Warren Bartley
 By driller performing actual drilling on site of contractor
 Date 12-20-94

Date started 12-6, 19 94
 Date completed 12-14, 19 94

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	<u>30</u>		<u>20</u>
	<u>at finish of drilling hole</u>		