

OFFICE USE ONLY
 Log No. 49058
 Permit No. _____
 Basin 612

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. 15671

1. OWNER Florida Canyon Mine ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. Box 330
Imlay, NV 89418
 2. LOCATION SW 1/4 NW 1/4 Sec. 11 T. 31 N/S R. 33 E Pershing County
 PERMIT NO. M/o 889B 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
fill		0	80'	80'
sand stone		80'	730'	650'
red sitly sand stone		730'	820'	90'
red and creamy qzile		820'	850'	30'
andesite		850'	920'	70'
andesite		920'	945'	25'
neat cement		+2	62'	64'
enviroplug medium sand		62'	72'	10'
		72'	700'	628'

8. WELL CONSTRUCTION
 Depth Drilled 945' Feet Depth Cased 765' Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches _____ Feet 20 Feet
5 3/4 Inches _____ Feet 745 Feet
5 3/8 Inches _____ Feet 945 Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1 1/4		SCH 80 steel	+2	765
6		1/8" wall	+2	20

Perforations:
 Type perforation vertical
 Size perforation .010
 From +2 feet to 468' blank feet
 From 468 feet to 765 slot feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 62' feet to 700' feet

9. WATER LEVEL
 Static water level 310' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 90 °F Quality _____

Date started June 4 1995
 Date completed June 29 1995

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)
460'	1		5 min
505'	4		5 min
605'	13		5 min
705'	14		5 min
765'	5		5 min

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, 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 Dines
 By driller performing actual drilling on site or contractor
 Date 7-15-95