

WHITE-DIVISION OF WATER RESOURCES
 CANARY-CLIENT'S COPY
 PINK-WELL DRILLER'S COPY
 M/D 384305-85
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 DO NOT WRITE ON BACK

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 49749
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 18684

1. OWNER SANTA FE PACIFIC GOLD ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 841 W. 6th ST.
WINN. NV. 89443
 2. LOCATION SW 1/4 SE 1/4 Sec. 5 T. 38 N. R. 43 E. HUMBOLDT County
 PERMIT NO. m/o 933 Issued by Water Resources Parcel No. 7-131-03 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	Thickness
<u>ALLUVIUM</u>				
<u>CLAY SAND GRAVEL</u>		<u>0</u>	<u>40</u>	<u>40</u>
<u>SAND PACKED</u>		<u>40</u>	<u>12</u>	<u>28</u>
<u>BEANS WASTE PELLETS</u>		<u>12</u>	<u>10</u>	<u>2</u>
<u>NEAT CEMENT</u>		<u>10</u>	<u>0</u>	<u>10</u>

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6.5 Inches To 4.0 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.5</u>	<u>SCH 80</u>	<u>P.V.C BLANK</u>	<u>0</u>	<u>15</u>

Perforations:
 Type perforation 2.5 sch 80 P.V.C SCREEN
 Size perforation .020
 From 15 feet to 40 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 12 feet to 40 feet

9. WATER LEVEL
 Static water level 4' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6-20, 1995
 Date completed 6-21, 1995

7. WELL TEST DATA

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)
<u>20</u>	<u>4</u>		<u>1/2</u>

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 Contractor
 Address PO BOX 2786 ELKO NV. 89803 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0019378 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1788
 Signed John Welch
 By driller performing actual drilling on site or contractor
 Date 6-21-95