

m/d 384305-7  
 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 TO 15685

1. OWNER SANTA FE PACIFIC GOLD CORP. ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 861 W. 6<sup>th</sup> ST.  
WINSLOW, NV. 89443  
 2. LOCATION SW 1/4 SE 1/4 Sec. 05 T 38 05 R 43 E Humboldt County  
 PERMIT NO. M/D 933 7-131-03 Subdivision Name \_\_\_\_\_  
Issued by Water Resources Parcel No.

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>140</u>	
<u>SAND PACKED</u>		<u>140</u>	<u>12</u>	<u>128</u>
<u>3/8" Bentonite 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 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 To 140  
6.5 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ 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>40</u>

Perforations:  
 Type perforation 2.5" SCH 80 P.V.C. SCREEN  
 Size perforation \*020  
 From 40 feet to 140 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 140 feet

9. WATER LEVEL  
 Static water level 80 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 6-22-95  
 Date completed 6-22-95

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Ecklund Drilling Co, Inc.  
 Address P.O. Box 2786  
Eiko, Nevada 89803  
 Nevada contractor's license number 0030823  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1288  
 Signed John Wells  
 By driller performing actual drilling on site or contractor  
 Date 6-22-95