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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. 15721

1. OWNER Santa Fe Pacific Mining Corp. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 861 W. 6th Street
Winnemucca, NV 89445
 2. LOCATION NE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 13 T. 34 S. R. 42 E. Humboldt County
 PERMIT NO. M10-975 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	Thickness
Alluvium		0	20	20
Clay		20	45	25
Gravel		45	270	225
Sandstone/limestone		270	410	140
Siltstone/chert/sandstone		410	500	90
Neat cement seal		+2	50	50
Enviroplug medium		50	90	40
Abantonite		90	400	310
Sand		400	460	60
Cave in		460	500	40

8. WELL CONSTRUCTION
 Depth Drilled 500 Feet Depth Cased 460 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 20 Feet
5 7/8 Inches 20 Feet 500 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		3/16	+2	20
2		SCH80 PVC	+2	460

Perforations:
 Type perforation PVC slots
 Size perforation .020 horz. slots
 From +2 feet to 420 blank feet
 From 420 feet to 460 screen feet
 From _____ feet to _____ 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 400 feet to 460 feet

Date started 10-6, 19 95
 Date completed 10-10, 19 95

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)
220'	20'		5 min.
300'	45'		5 min.
400'	60'		5 min.
500'	67'		5 min.

9. WATER LEVEL
 Static water level 237 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 84 °F Quality clean

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 COMPANY, INC.
 Address P. O. Box 2786
Elko, NV 89803
 Nevada contractor's license number 0030823
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1786
 Division of Water Resources, the on-site driller
 Signed Craig Aines
 By driller performing actual drilling on site or contractor
 Date 10-12-95