

OFFICE USE ONLY
 Log No. 150522
 Permit No. _____
 Basin 109

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. _____

1. OWNER JEE (CONSULTANTS) ECHO BAY ADDRESS AT WELL LOCATION BOREALIS MINE
 MAILING ADDRESS _____

2. LOCATION 6N 1/4 29E 1/4 Sec. 28 T. 40C N/S R. _____ E _____ County _____

PERMIT NO. _____ 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
MO MONITOR WELL				
MOBE RIG + TRUCKS				
TO MO MONITOR				
WELL SET				
RIG UP OVER				
WELL. LOWER				
WEIGHTED ROPE				
INTO WELL				
WATER AT _____ FT				
LOWERED ROPE				
TILL BOTTOM				
OF WELL 458 FT				
TOTAL DEPTH.				
REMOVED ROPE				
FROM WELL AND				
LOWERED 1" STEEL				
PIPE TO 440 FT				
RAMPED IN NEAR				
CEMENT AND				
RAISED PIPE				
TO SURFACE IN				
INTERVALS. FILLED				
WELL TO SURFACE				
WITH CEMENT				
WATER CAME OUT				
OF WELL.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____

Size perforation _____

From SURFACE feet to 458 FT feet

From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____

Depth of Seal _____ Neat Cement

Placement Method: Pumped Cement Cement Grout

~~Cast in Place~~ Concrete Grout

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature _____ °F Quality _____

Date started 28 MAY 1995
 Date completed 28 MAY 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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 JOHN ROBINSON DRILLING LTD Contractor

Address Box 2328 Contractor

HAWTHORNE NEVADA 89415

Nevada contractor's license number issued by the State Contractor's Board _____

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1332

Signed Charles R. Running
 By driller performing actual drilling on site or contractor

Date 28 MAY 95