

PRINT OR TYPE ONLY
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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. _____

1. OWNER JBR CONSULTANTS/COHO BAY ADDRESS AT WELL LOCATION BOREAL MINE
 MAILING ADDRESS NORTHERLY WATER WELL

2. LOCATION NW NW SW 4 1/4 SE 428 Sec. 28 T. 6 N/S 29E 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 |
|--------------------------------|--------------|------|----|------------|
| SET UP OVER EXISTING LOG 23406 | | | | |
| 8" WELL R.H.W 6" BIT TO | | | | |
| 9 15 AIR DEVELOP WELL | | | | |
| 3 HOURS PLACED 2" TUBING | | | | |
| AT 360 FT PLACED 30 BAGS | | | | |
| PEEL MIX OF NEAT CEMENT | | | | |
| PULLED UP TUBE 80 FT PEEL | | | | |
| GASCH FULL RETURN OF CEMENT | | | | |
| TO SURFACE | | | | |
| @ 25 MAY 95 | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | To |
|--------------|-----------------------|
| _____ 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8.5 | 24.20 | 0.277 | +1 | 927 |

Perforations:

Type perforation _____

Size perforation _____

From 228 feet to 599 feet

From DOUBLE 599 feet to 699 feet

From SINGLE 699 feet to 727 feet

From _____ feet to _____ feet

From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level 243 feet below land surface

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

Water temperature 74 °F Quality _____

Date started _____, 19____
 Date completed _____, 19____

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 _____ Contractor _____

Address _____ Contractor _____

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 E. B...
 By driller, performing actual drilling on site of contractor

Date 5-29-95