

OFFICE USE ONLY
 Log No. 50597
 Permit No. _____
 Basin. 72

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. 30755
Florida Canyon Mine

1. OWNER Pegasus Gold Corp. ADDRESS AT WELL LOCATION South of Humboldt Exit 138, I-80
 MAILING ADDRESS P. O. Box 330
Imlay, NV 89418
 2. LOCATION SE 1/4 NE 1/4 Sec. 34 T. 3131 N/S R. 33 E Pershing County
 PERMIT NO. M/O 973 Parcel No. 8-580-00 Subdivision Name _____
 Issued by Water Resources

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>#12</u>	Top Soil		0	2	2
	Boulders/cobbles		2	20	18
	Gravel/sand		20	60	40
	Med. Gravel		60	107	47
	Gravel/sand		107	115	8
	Coarse Gravel		115	122	7
	Sand/gravel		122	180	58
	Coarse gravel		180	223	43
	Sand/gravel		223	320	97
	Med. gravel	X	320	378	58

Monument set in 10' cement seal

8. WELL CONSTRUCTION
 Depth Drilled 378 Feet Depth Cased 378 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 378 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5		Sch. 80	+3	378

Perforations:
 Type perforation Slot
 Size perforation 020
 From 358 feet to 378 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: XXXXXXXX
 Depth of Seal 358 335 Neat Cement
 Cement Grout
 Concrete Grout
 Bentonite
 Placement Method: Pumped Poured
 Gravel Packed: Yes No Grout
 From 335 feet to 378 feet

9. WATER LEVEL
 Static water level: 265 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold Quality Good

Date started August 22, 1995
 Date completed August 23, 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)
4		2

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Hackworth Drilling, Inc. Contractor
 Address P. O. Box 850 Contractor
Elko, NV 89803
 Nevada contractor's license number 020582
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1995
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-5-95