

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 53386
 Permit No. _____
 Basin. 066

NOTICE OF INTENT NO. R-296

1. OWNER Santa Fe Pacific Mining Co ADDRESS AT WELL LOCATION Twin Creeks Mine
 MAILING ADDRESS 861 W. 6th Street
Winnemucca N.V. 89445
 2. LOCATION SE 1/4 SE 1/4 Sec 5 T. 38 S. R. 43 E Humboldt County
 PERMIT NO. R-296 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
<u>Clay & Gravel</u>		<u>0</u>	<u>120'</u>	<u>120'</u>
<u>Neat Cement Sand Pack</u>		<u>0</u>	<u>7'</u>	<u>7'</u>
		<u>7'</u>	<u>117'</u>	<u>110'</u>
<u>Centralizers 40', 80', 100'</u>				

8. WELL CONSTRUCTION
 Depth Drilled 120' Feet Depth Cased 117' Feet
 HOLE DIAMETER (BIT SIZE)
 From 7" Inches To 0 Feet 120' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>3"</u>	<u>Galv.</u>	<u>SCH 40</u>	<u>0 to 7'</u>	<u>7'</u>
<u>3"</u>	<u>Perf.</u>	<u>SCH 80</u>	<u>7'</u>	<u>117'</u>

Perforations:
 Type perforation Horizontal Slots
 Size perforation .030
 From _____ feet to _____ feet
 From 7' feet to 7' Blank feet
 From 7' feet to 117' Screen feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 7' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 7' feet to 117' feet

Date started 8-9-96 19_____
 Date completed 8-9-96 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level 66' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 Co Inc. Contractor
 Address P.O. Box 2748 Contractor
Elko NV 89803
 Nevada contractor's license number issued by the State Contractor's Board #0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1786
 Signed Craig Dimer
 By driller performing actual drilling on site or contractor
 Date 8-9-96