

OFFICE USE ONLY  
 Log No. 64-250  
 Permit No. 03  
 Basin. 03

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. 9706

1. OWNER NEVADA GOLD MINING INC. ADDRESS AT WELL LOCATION AMAX SLEEPER MINE  
 MAILING ADDRESS 600 SOD HOUSE ROAD  
WINNEMUCCA, NV 89445

2. LOCATION SE 1/4 SW 1/4 Sec. 16 T. 40 N. S. R. 35 E HUMBOLDT County  
 PERMIT NO. MW-47/51450 Parcel No. N/A Subdivision Name N/A  
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	Thick-ness
PUMPED 2 TIMES HOLE VOLUME OF				
ABANDONITE, THEN HOLE PLUGGED TO				
51', PUMPED NEAT CEMENT FROM 51'				
TO SURFACE				
<i>P. E. A. A</i>				
<i>Log # 29890</i>				

8. WELL CONSTRUCTION  
 Depth Drilled.....Feet Depth Cased 420.....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)

Perforations:  
 Type perforation.....  
 Size perforation.....  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....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

RECEIVED  
 96 OCT 7 AM 11 59  
 STATE ENGINEERING OFFICE

Date started..... AUGUST 5....., 19...96  
 Date completed..... AUGUST 6....., 19...96

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.....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..... LANG EXPLORATORY DRILLING  
Contractor

Address..... 2286 WEST 1500 SOUTH  
Contractor  
 SALT LAKE CITY, UTAH 84104

Nevada contractor's license number issued by the State Contractor's Board..... 0021976

Nevada driller's license number issued by the Division of Water Resources, the on-site driller..... 1763-T1

Signed..... BART BOTTARI *Bart Bottari*  
 By driller performing actual drilling on site or contractor

Date..... 8-6-96