

MW-18

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 64570
Permit No. _____
Basin 130

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. 35567

1. OWNER Kinross Gold Banks Mining ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 661 Andersen Street _____
Winnemucca Nevada 89445 _____
2. LOCATION SE 1/4 SW 1/4 Sec. 14 T 30 N 38 E Pershing County _____
PERMIT NO. M10-1105 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	Thickness
Clay		0	20	20
Hard Rock		20	218	198
Broken Rocks Heavy Clay		218	229	11
245'-2 GPM H ₂ O-220'				
Hard Rock		229	318	89
Heavy Clay 6 GPM		318	319	1
Hard Rock		319	332	13
Heavy Clay 20 GPM		332	336	4
Hard Rock 20 GPM		336	345	9
Neat Cement		0	50	50
Grout Hole Plug		50	100	50
Sand		100	345	245

8. WELL CONSTRUCTION
Depth Drilled 345 Feet Depth Cased 320 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 Inches 0 Feet 20 Feet
6 Inches 20 Feet 345 Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>5/16</u>	<u>+2</u>	<u>20</u>
<u>2"</u>		<u>PVC</u>	<u>+18</u>	<u>320</u>

Perforations:
Type perforation slotted
Size perforation
From 170' feet to 320' feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 180 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 2-6 1997
Date completed 2-10 1997

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)	
<u>245</u>	<u>2</u>		
<u>320</u>	<u>6</u>		
<u>335</u>	<u>20</u>		
<u>345</u>	<u>20</u>		

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elkand 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 1915
Signed [Signature] #1915
By driller performing actual drilling on site or contractor
Date _____