

OFFICE USE ONLY
 Log No. 64575
 Permit No. _____
 Basin. _____

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. 28331

1. OWNER Battle Mt Gold ADDRESS AT WELL LOCATION 50' West of section line
 MAILING ADDRESS PO BOX 1627 15' North of willow creek
Battle Mt. Nev. 89820
 2. LOCATION SE 1/4 NE 1/4 Sec. 12 T. 30 S. R. 42 E. Lambert County
 PERMIT NO. M/10 967-6 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 RYC
 Air Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Silty gravel</u>		<u>0</u>	<u>30</u>	<u>30</u>
<u>Clayey Gravel Brn</u>	<u>101</u>	<u>30</u>	<u>130</u>	<u>100</u>
<u>Clayey Sand Brn</u>	<u>101</u>	<u>130</u>	<u>140</u>	<u>10'</u>
<u>Clayey Gravel Brn</u>	<u>101</u>	<u>140</u>	<u>150</u>	<u>10'</u>
<u>Silty sand</u>	<u>101</u>	<u>150</u>	<u>160</u>	<u>10'</u>
<u>Silty Sand</u>	<u>101</u>	<u>160</u>	<u>165</u>	<u>5'</u>

8. WELL CONSTRUCTION
 Depth Drilled 165 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
8" Inches 0 Feet 165 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>Sch 40 pipe</u>	<u>0</u>	<u>100</u>

Perforations:
 Type perforation Factory slot
 Size perforation .020
 From 100 feet to 160 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 85 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 95 feet to 160 feet

9. WATER LEVEL
 Static water level 95.6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 48.5 °F Quality N/A

Date started 6-15-96, 19_____
 Date completed 6-16-96, 19_____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 Brian Vance Contractor
 Address 3131 Lambert St. B Meridian ID 83642 Contractor
HAZ-TECH Drilling
 Nevada contractor's license number issued by the State Contractor's Board 0038018
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2003
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7-22-96