

OFFICE USE ONLY  
 Log No. 64584  
 Permit No. \_\_\_\_\_  
 Basin. 259

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. 28330

1. OWNER Battle Mountain Gold ADDRESS AT WELL LOCATION NW Bank pt  
 MAILING ADDRESS PO Box 1627 Tributary NW of Reese River  
Battle Mt. NV 89820

2. LOCATION NE 1/4 SE 1/4 Sec. 23 T. 30 S. R. 43 E. Lander County  
 PERMIT NO. MO-9676 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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Clay + Silt</u>	<u>5'</u>	<u>0</u>	<u>10</u>	<u>10</u>
<u>light Brn</u>				
<u>Gravel Sand</u>	<u>5'</u>	<u>10</u>	<u>53</u>	<u>43</u>
<u>lt. Brn</u>				
<u>Clay-Tan soft</u>	<u>5'</u>	<u>53</u>	<u>65</u>	<u>12</u>
<u>Sand Flowing tan</u>	<u>5'</u>	<u>65</u>	<u>80</u>	<u>15'</u>

8. WELL CONSTRUCTION

Depth Drilled 80 Feet Depth Cased 80 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>8</u> Inches	<u>0</u> Feet <u>80</u> 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 80</u>	<u>0</u>	<u>60</u>

Perforations:

Type perforation Factory slot

Size perforation .620

From 60 feet to 80 feet

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal 53

Placement Method:  Pumped  
 Poured

Gravel Packed:  Yes  No  
 From 60 feet to 80 feet

9. WATER LEVEL

Static water level 5 feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water temperature 67.5 °F Quality N/A

Date started 6-26-96, 19\_\_\_\_\_  
 Date completed 6-26-96, 19\_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  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 [Signature] Contractor  
 Address 3131 Lander St B Nevada  
HAZ-TECH Drilling 83642  
 Nevada contractor's license number 0038018  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the M-2003  
 Division of Water Resources, the on-site driller.

Signed [Signature]  
 By driller performing actual drilling on site or contractor

Date 7-22-96