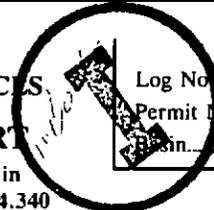


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 66-213
 Permit No. 126034A
143

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 24568

1. OWNER Mineral Ridge Resources, Inc. ADDRESS AT WELL LOCATION same
 MAILING ADDRESS P. O. Box 67
Silver Peak, NV 89047
 2. LOCATION NE 1/4 NW 1/4 Sec. 32 T. 1 N/R. 39 E. Esmeralda County
 PERMIT NO. 60034A Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other.....
 4. PROPOSED USE mining
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravel overburden		0	65	65
Brown clay		65	75	10
Green slightly calcareous mudstone to siltstone (soft)		75	435	360
Clay rich section of unit described above		435	505	70
Green siltstone to mudstone		505	565	60
Alaskite (F20x stained)		565	610	45
No return		610	625	15
Orange ochre limestone Breccia (poor return)		625	730	70
Wyman FM calc. silicate		730	795	65
Alaskite				
No return		795	860	65
Wyman formation calc. silicate and Alaskite		860	1340	480
Gravel packed from 1340 to 10' cement 10- +2				

8. WELL CONSTRUCTION
 Depth Drilled 1340 Feet Depth Cased 1338 Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	To
10	0	50
6	50	800
5 3/4	800	1340

 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1 1/2		SCH80	+2	1340

 Perforations:
 Type perforation .020 horz. slots
 Size perforation .020 horz.
 From 1340 feet to 1040 slot feet
 From 1040 feet to +2 blank feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 1340 feet to 10- +2 feet
 9. WATER LEVEL
 Static water level 720 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 94 9-26 19 94
 Date completed 94 10-5 19 94

7. WELL TEST DATA

TEST METHOD:	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)
1035	30		2 min.
	35-40		2 min.
1220	60		2 min.
1325	65		2 min.

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 COMPANY, INC.
 Address P. o. Box 2786
Elko, NV 89803
 Nevada contractor's license number 0030823
 issued by the State Contractor's Board
 Nevada driller's license number issued by the M-1819
 Division of Water Resources, the on-site driller
 Signed Greg Acrist
 By driller performing actual drilling on site or contractor
 Date 10-17-94