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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. **15780**

1. OWNER **Cortez Gold Mines** ADDRESS AT WELL LOCATION **Frame Property**  
 MAILING ADDRESS **HC 66-50 Star Route**  
**Beavercreek, NV 89821**

2. LOCATION **NE 1/4 NE 1/4 Sec. 24 T. 28 N. S. R. 47 E. Lander** County

PERMIT NO. **m/c-1003** 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	Thick-ness
<b>Alluvium &amp; Clay</b>		<b>0</b>	<b>40</b>	<b>40</b>
<b>SAND PACK</b>		<b>40</b>	<b>10</b>	<b>30</b>
<b>Bentonite chips</b>		<b>10</b>	<b>8</b>	<b>2</b>
<b>Cement</b>		<b>8</b>	<b>0</b>	<b>8</b>
<b>Head # 245</b>				

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **38** Feet

HOLE DIAMETER (BIT SIZE)  
 From **0** To **40**  
**7 7/8** 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)
<b>4"</b>	<b>N/A</b>	<b>Sch-40</b>	<b>+2</b>	<b>38</b>

Perforations:  
 Type perforation **Half slot**  
 Size perforation **.020**  
 From **SCREEN 38** feet to \_\_\_\_\_ feet  
 From **BLANK 18** feet to **12** 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 **8**

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From **40** feet to **10** feet

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

Date started **7/24** 19 **97**  
 Date completed **7/25** 19 **97**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<b>N/A</b>	

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 Co** 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 **1942**

Signed **William Riley**  
 By driller performing actual drilling on site or contractor

Date **7/25/97**