

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

OFFICE USE ONLY
 Log No. 69491
 Permit No. 54
 Basin 54

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. 38505-1

1. OWNER CORTEZ GOLD MINES ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS STAR RT HC 66-50 CORTEZ GOLD MINE
BOWAWE, NV 89821

2. LOCATION NE 1/4 NE 1/4 Sec. 24 T 27N N/S R 47E E EUREKA County _____
 PERMIT NO. _____ CMB-14 CMB-14 TRACT OF LAND _____
 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
SAND, GRAVEL, BOULDERS		0	125	125
CEMENTED SAND & GRAVEL	X	140	160	20
Placed 5' bentonite 3/8 chip seal above sand pack				
Pumped bentonite slurry from chip seal to 20'				
Cemented in steel monument at surface				

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 151 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>14 3/4</u>	<u>0</u>	<u>20</u>	<u>20</u>
<u>4.5</u>	<u>20</u>	<u>160</u>	<u>160</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 5/8</u>	<u>21.20</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>4.5</u>	<u>PVC</u>	<u>SCH 80</u>	<u>+3</u>	<u>151</u>

Perforations:
 Type perforation SLOT
 Size perforation .020

From	To	Feet
<u>91</u>	<u>151</u>	<u>151</u>
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 20 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 78 feet to 151 feet

9. WATER LEVEL
 Static water level 131 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Hackworth Drilling, Inc. Contractor _____
 Address P.O. Box 850 Contractor _____
Eiko, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 020582
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1654
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 10/24/97

Date started 9/30/97, 19____
 Date completed 10/1/97, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>4+</u>	<u>2.5</u>	<u>2.5</u>