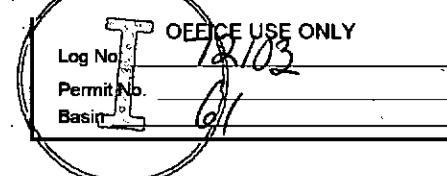


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



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. 39187

1. OWNER **DEE GOLD MINE** ADDRESS AT WELL LOCATION **MP8 DEE GOLD MINE SITE**  
 MAILING ADDRESS **P.O. BOX 99**  
**VALMY, NV 89438**

2. LOCATION **NW 1/4 SW 1/4 Sec. 3 T 36** N/S R **49** E **ELKO** County  
 PERMIT NO. **R-271** **N/A** Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other

4. PROPOSED USE  
 Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
See next line		0	00	
3 BAGS 3/8 HOLE PLUG (50 LB BAGS)				
See next line		0	00	
2 BAGS NEAT CEMENT (94 LB BAGS)				
ABANDONED BY POURING		0	00	0
3/8 HOLE PLUG FROM		0	00	0
BOTTOM TO 20' THEN		0	00	0
PUMPED NEAT CEMENT		0	00	0
FROM 20' TO SURFACE		0	00	0

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased **42.48** Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>4</b>		<b>SCH 40</b>	<b>0</b>	<b>42.48</b>

Perforations:

Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_

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

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

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level **15.75** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °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 **LANG EXPLORATORY DRILLING** Contractor  
 Address **P.O. Box 5279** Contractor  
**Elko, NV 89802**

Nevada contractor's license number issued by the State Contractor's Board **0021976**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1961**

Signed *Joseph Tull*  
 By Driller performing actual drilling on-site or contractor  
 Date **July 1, 1998**

Date started **6/22/98**, 19\_\_\_\_  
 Date completed **6/22/98**, 19\_\_\_\_

7. WELL TEST DATA

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

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 STATE ENGINEERS OFFICE