

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

OFFICE USE ONLY
 Log No. 72796
 Permit No. _____
 Basin. 31

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. PW-30 15335
OH-62-1700
Slayer Mine OH-38-8350

1. OWNER Ormak ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 600 2nd House Rd _____
Wendover NV 89455 _____
 2. LOCATION NE 1/4 NW 1/4 Sec 21 T. 40 N. R. 35 E Humboldt County
 PERMIT NO. 53232 OH-62-1700 OH-38EUC13 Subdivision Name _____
Issued by Water Resources Parcel No.

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
<u>PW-30 Rip Case</u>		<u>From 152</u>	<u>TD 248</u>	
<u>to 60' Camp Bent</u>				
<u>From 135-30' Cement</u>				
<u>30' to Surface</u>				
<u>OH-62 Bent Spud</u>		<u>320</u>		
<u>to 10' Cement</u>				
<u>10' to Surface</u>				
<u>OH-38 Bent Spud</u>		<u>450</u>		
<u>to 10' Cement</u>				
<u>10' to Surface</u>				

RECEIVED JUN 10 1998 STATE ENGINEER'S OFFICE

Plugging of log # 32802

Plugging of log # 30597

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ 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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:
 Type perforation _____
 Size perforation _____

From	feet to	feet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 2-24, 1998
 Date completed 3-23, 1998

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. WATER LEVEL

Static water level _____ 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 AAA Ref Contractor
 Address Box 2487 Contractor
Elko NV 89801
 Nevada contractor's license number 20684
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1799
 Signed Owen Young
 By driller performing actual drilling on site or contractor
 Date 4-26-98