

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

OFFICE USE ONLY
 Log No. 73004
 Permit No. _____
 Basin _____

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 20921

1. OWNER Hecla Mining Company ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 7000 J Pit Rd
Lovelock, NV, 89417
 2. LOCATION NE 1/4 SW 1/4 Sec 24 T 34N N/S R 29 E Pershing County
 PERMIT NO. R-248 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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| All ten wells drilled under m/0 843 by Brian Nance were abandoned. The state only required two wells to be abandoned but the other eight had no water in them and were not doing any good so I cemented them up as well. | | | | |
| <i>Scott Co</i> | | | | |
| P.S. Being that all ten wells were just a few 100' apart and had the same information I just filled out one report for all ten. | | | | |

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

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 _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 10-6-95
 Date completed 10-6-95

7. WELL TEST DATA

| TEST METHOD: | Bailer | Pump | Air Lift |
|--------------|-------------------------------|--------------|----------|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Haz Tech Drilling Contractor
 Address 3131 Lanack STE. B
Meridian, Id. 83642
 Nevada contractor's license number issued by the State Contractor's Board 0023-111
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller m-1203
 Signed Scott Co
 By driller performing actual drilling on site or contractor
 Date 10-7-95