CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

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STATE OF NEVADA
DIVISION OF WATER RESOURCES

# WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 73269
Permit No.
Basin 61

NOTICE OF INTENT NO. 39541

1. OWNER DEE GOLD MINING M-13
MAILING ADDRESS P.O. BOX 99
VALMY, NV 89438

ADDRESS AT WELL LOCATION DEE GOLD MINESITE
ABOUT 35 MILES NORTH OF CARLIN, NV.

2. LOCATION SE ¼ SW ¼ Sec. 10 T. 36 N/S R. 49 E ELKO County
PERMIT NO. R-271 Issued by Water Resources
N/A Parcel No.
N/A 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 | Thickness |
|---|---|---|---|---|
| PLACED 3/8" HOLE PLUG | | | | |
| FROM T.D. TO 20' | | | | |
| (USED 1.75 CU. FT.) | | | | |
| PLACED NEAT CEMENT | | | | |
| FROM 20' TO SURFACE | | | | |
| (USED 2.0 CU. FT.) | | | | |

Date started 4 SEPTEMBER, 19 98
Date completed 4 SEPTEMBER, 19 98

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

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) |
|---|---|---|---|---|
| 4 | | SCH. 40 | 0 | 40 |
| | | | | |

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level DRY 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 1809
Signed Bonnie Taylor (By driller performing actual drilling on site or contractor)
Date 9/10/98

(Rev. 3-91)

USE ADDITIONAL SHEETS IF NECESSARY

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