

OH-27

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

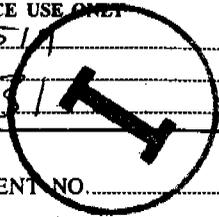
STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 73514

Permit No. 31

Basin 31



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DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. _____

1. OWNER AMAX GOLD INC ADDRESS AT WELL LOCATION AMAX SLEEPER MINE

MAILING ADDRESS 600 500 HOUSE RD
WINNEMUCA NV 89445

2. LOCATION NW 1/4 NE 1/4 Sec. 17 T. 40 N. 35 E Humboldt County

PERMIT NO. _____ Parcel No. _____ Subdivision Name N/A

3. WORK PERFORMED

New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC

Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>RUN 1" TRAP TO BOTTOM & pump cement to top.</u>				
<u>AA</u>				
<u>COALIN CRISIS</u>				

8. WELL CONSTRUCTION

Depth Drilled 250 Feet Depth Cased 225 Feet

HOLE DIAMETER (BIT SIZE)

From 8 Inches To 250 Feet

Inches _____ Feet _____ Feet

Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>.250</u>	<u>-1</u>	<u>6</u>
<u>1ST 2 PVC</u>		<u>Schedule 40</u>	<u>163</u>	<u>205</u>
<u>2ND 2 PVC</u>		<u>Schedule 40</u>	<u>183</u>	<u>205</u>

STRAIN Perforations:

Type perforation Slotted

Size perforation .010

From 1ST 123 feet to 145 feet

From 163 feet to 183 feet

From 205 feet to 225 feet

From 2ND 20 feet to 40 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

9. WATER LEVEL

Static water level _____ feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature _____ °F Quality _____

Plugging of dual completion

Date started 8-21-97 19__

Date completed 8-21-97 19__

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
		<u>25799</u>
		<u>25800</u>

Plugging of logs #

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name STACO Well services Contractor

Address 3359 LAST CHANCE RD Contractor

ELKO, NV 89801

Nevada contractor's license number issued by the State Contractor's Board 0038169

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2053

Signed _____ By driller performing actual drilling on site or contractor

Date _____