

OFFICE USE ONLY  
 Log No. 77032  
 Permit No. 59  
 Basin

PRINT OR TYPE ONLY  
 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. 42876

1. OWNER ECHO BAY MINERALS ADDRESS AT WELL LOCATION MCCOY MINE, SOUTH OF BATTLE MTN., NV.  
 MAILING ADDRESS P.O. BOX 1658  
BATTLE MTN., NV 89820

2. LOCATION SW 1/4 SE 1/4 Sec. 36 T. 29 N. S. R. 42 E. LANDER County  
 PERMIT NO. 55182 Parcel No. N/A Subdivision Name N/A  
Issued by Water Resources

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

4. PROPOSED USE  
 Domestic  Municipal  Irrigation  Test  
 Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
NOTE: WELL HAS BEEN MINED OFF. ONLY 210' REMAINED AT THE TIME OF ABANDONMENT. WE HAVE CHANGED THE SEAL AND GRAVEL PACK INFORMATION TO REFLECT THE WELL AS IT EXISTED WHEN WE ABANDONED IT.				
ABANDONED BY PUMPING ABANTONITE, VIA TREMMIE, FROM T.D. TO 20' AND CAPPING THE TOP 20' WITH NEAT CEMENT.				
USED 642 CU. FT. OF ABANTONITE AND 71 CU. FT. OF NEAT CEMENT.		210	20	190
		20	0	20

8. WELL CONSTRUCTION  
 Depth Drilled 1.075 Feet Depth Cased 1.075 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
3.7 Inches 0 Feet 5.0 Feet  
2.5 Inches 5.0 Feet 1.075 Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
32	105	0.312	0	50
20	99	0.375	50	1075

Perforations:  
 Type perforation SCREEN  
 Size perforation 0.125"  
 From 645 feet to 1045 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 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 0 feet to 210 feet

9. WATER LEVEL  
 Static water level 55 feet below land surface  
 Artesian flow N/A G.P.M. \_\_\_\_\_ P.S.I. \_\_\_\_\_  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started SEPTEMBER 20, 1999  
 Date completed SEPTEMBER 21, 1999

7. WELL TEST DATA

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

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 1617  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date SEPTEMBER 20, 1999

BST-L