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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. 39974

1. OWNER AGI TECHNOLOGIES ADDRESS AT WELL LOCATION 4TH & HAMILTON STREETS IN CARLIN, NV.
 MAILING ADDRESS P.O. BOX 3885 BELLEVUE, WA. 98009-3885

2. LOCATION 1/4 SW 1/4 Sec. 27 T. 33 N. R. 52 E. ELKO County
 PERMIT NO. UNKNOWN 002014-001 UNKNOWN
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.....

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---------------------------------------------------------------------------------------------------------------------------------|--------------|------|----|------------|
| ABANDONED BY PUMPING NEAT CEMENT VIA TREMMIE FROM T.D. TO SURFACE. USED 4 CU.FT. OF CEMENT. | | | | |
| *NOTE: WE WERE UN-ABLE TO OBTAIN CONSTRUCTION DETAILS FOR THIS WELL, SO WE HAVE NOT COMPLET-ED THE INFORMATION ON THIS REPORT.* | | | | |

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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2.375 | 0.698 | SCH. 40 | 0 | 17 |

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 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 JUNE 16, 1999
 Date completed JUNE 16, 1999

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.....12.....feet below land surface
 Artesian flow N/A 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.....1796
 Signed Ron Behrendt
By driller performing actual drilling on site or contractor
 Date JUNE 16, 1999