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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. 25348

1. OWNER BATTLE MTN GOLD ADDRESS AT WELL LOCATION 15 MILES SOUTH OF BATTLE MTN NV  
 MAILING ADDRESS COPPER CANYON BATTLE MTN NV  
 2. LOCATION NE 1/4 NW 1/4 Sec. 37 T. 91 N/S R. 43 E. LANDER County  
 PERMIT NO. \_\_\_\_\_ 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	Thickness
<u>Yellow SILTSTONE</u>		<u>0</u>	<u>180</u>	<u>180</u>
<u>Grey SILTSTONE</u>	<input checked="" type="checkbox"/>	<u>180</u>	<u>780</u>	<u>600</u>
<u>DROPPED PLASTIC PIPE WHICH TRAYING TO SET IN HOLE.</u>				
<u>PIPE SHATTERED AT BOTTOM OF HOLE</u>				
<u>WAITING FOR ROCK TO MAKE A DECISION BUT WILL PROBABLY ABANDON WELL</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 280 Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
6 Inches 0 Feet 280 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 5/8</u>	<u>19</u>	<u>7/16</u>	<u>0</u>	<u>10</u>

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  
 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 \_\_\_\_\_

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name O'Brien Drilling Co. Contractor  
 Address P.O. Box 3800 BUTTE MT. Contractor  
52202  
 Nevada contractor's license number issued by the State Contractor's Board 27434  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1700  
 Signed John Brown  
 By driller performing actual drilling on site or contractor  
 Date OCT 3 2000

Date started SEPT 18 2000  
 Date completed \_\_\_\_\_ 19\_\_\_\_

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			