

PRINT OR TYPE ONLY
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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. 46675

1. OWNER Cortez Gold Mines ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS AC 66-50 _____
Beaumont, NV 89821 _____
 2. LOCATION NE 1/4 SE 1/4 Sec 30 T. 28 N/S R. 47 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	Thick-ness
<u>SMA-15R</u>				
<u>Alluvium</u>	<u>NO</u>	<u>0</u>	<u>100</u>	<u>100</u>
<u>Chert + Siltstone</u>	<u>NO</u>	<u>100</u>	<u>200</u>	<u>100</u>
<u>Siltstone</u>	<u>NO</u>	<u>200</u>	<u>310</u>	<u>110</u>
<u>Basalt + Siltstone</u>	<u>NO</u>	<u>310</u>	<u>510</u>	<u>200</u>
<u>Siltstone</u>	<u>NO</u>	<u>510</u>	<u>610</u>	<u>100</u>
<u>Black chert</u>	<u>YES</u>	<u>610</u>	<u>700</u>	<u>90</u>
<u>Black Siltstone</u>	<u>YES</u>	<u>700</u>	<u>880</u>	<u>180</u>
<u>Siltite + chert</u>	<u>YES</u>	<u>880</u>	<u>960</u>	<u>80</u>

8. WELL CONSTRUCTION
 Depth Drilled 960 Feet Depth Cased 960 Feet
 HOLE DIAMETER (BIT SIZE)
 From 1 1/4 Inches To 4 0 Feet
8 3/4 Inches 40 Feet 960 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>		<u>.250</u>	<u>+ 3</u>	<u>40</u>
<u>4.5</u>		<u>.250</u>	<u>+ 2</u>	<u>960</u>

Perforations: Slotted
 Type perforation _____
 Size perforation .025
 From _____ feet to _____ feet
 From 900 feet to 960 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 60' Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 880' feet to 960 feet

9. WATER LEVEL
 Static water level 866 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 EKLUND Drilling Co., Inc. Contractor
 Address P.O. Box 2748 Contractor
EIKO, NV 89803
 Nevada contractor's license number 0030823
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1861
 Division of Water Resources, the on-site driller.
 Signed Paul Mikh
 By driller performing actual drilling on site or contractor
 Date 04-26-01

Date started 04-09-01, 19____
 Date completed 04-22-01, 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 checked="" type="checkbox"/> Air Lift	<u>20</u>		