

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 85376
 Permit No. _____
 Basin 129

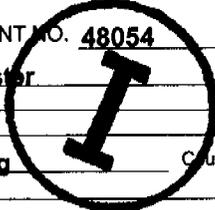
PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 48054

1. OWNER Coeur Rochester ADDRESS AT WELL LOCATION Coeur Rochester minesite, NE of Lovelock, NV.
 MAILING ADDRESS P.O. Box 1057 Lovelock, NV 89419

2. LOCATION NE 1/4 NW 1/4 Sec. 22 T 28N N/S R 34E E Pershing County
 PERMIT NO. N/A Issued by Water Resources Parcel No. N/A Subdivision Name N/A



3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Abandoned by pumping neat cement from T.D. to surface.				
Used 20.1 cu.ft. of neat cement.				
Original Construction Detail:				
Cement		0	50	50
Hole plug		50	62	12
Abantonite		62	634	572
Hole plug		634	640	6
Sand		640	720	80

8. WELL CONSTRUCTION
 Depth Drilled 720 Feet Depth Cased 720 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>9.875</u>	<u>0</u>	<u>10</u>		
<u>6.5</u>	<u>10</u>	<u>720</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>7.875</u>	<u>23.5</u>	<u>0.625</u>	<u>0</u>	<u>10</u>
<u>2.350</u>	<u>1.29</u>	<u>Sch. 80</u>	<u>+1.5</u>	<u>720</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 0.020"

From	feet to	feet
	<u>650</u>	<u>720</u>

Surface Seal: Yes No
 Depth of Seal 50'
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 640 feet to 720 feet

9. WATER LEVEL
 Static water level 540 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12/6/2001, 19____
 Date completed 12/6/2001, 19____

7. WELL TEST DATA

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

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 89802-5279
 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 2039
 Signed Dennis Robblee
 By driller performing actual drilling on-site or contractor
 Date 12/18/01

B-STL