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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. 51265
 OFF EXIT 138

1. OWNER FLORIDA CANYON MINING, INC ADDRESS AT WELL LOCATION OFF EXIT 138
 MAILING ADDRESS P.O. BOX 330 1-80 EAST NEAR IMLAY, NV
IMLAY, NV 89418
 2. LOCATION NE 1/4 NW 1/4 Sec. 3 T. 31N N/S R. 33 E PERSHING County
 PERMIT NO. 08-580-57 WELL C. _____
 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
COARSE GRAVEL & BOULDERS		0	120	120
GRAVEL & SILT		120	210	90
USED 96 50# BAGS OF 3/8 HOLE PLUG CEMENT TOP 10 FEET				

8. WELL CONSTRUCTION
 Depth Drilled 210 Feet Depth Cased 190 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 210
9 3/4 Inches 0 Feet 210 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	PVC	SCH 40	+2	190

Perforations: PVC SCREEN
 Type perforation _____
 Size perforation .010
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 160 feet to 190 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 140 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 140 feet to 190 feet

9. WATER LEVEL
 Static water level 144 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 HACKWORTH DRILLING, INC. Contractor
 Address P.O. BOX 850 Contractor
ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 020582
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1395
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11/27/02

Date started 10-25-02, 19_____
 Date completed 10-25-02, 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>5</u>		<u>1/2</u>

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