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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. 51116

1. OWNER Cortez Gold FMW-02A ADDRESS AT WELL LOCATION Deer Ranch
 MAILING ADDRESS HC 66 Box 1250
Crescent Valley NV 89821
 2. LOCATION SE 1/4 NE 1/4 Sec. 30 T. 28 N. R. 48 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>Clay sand & Gravel</u>		<u>0</u>	<u>135</u>	<u>135</u>
<u>Encountered Artesian Flow At 135'</u>				
<u>Abandon Well</u>				
<u>3/8 Hole Plug 40 50 lb Bags</u>		<u>135</u>	<u>10</u>	<u>125</u>
<u>3-94 16 Bags Cement</u>		<u>10</u>	<u>0</u>	<u>10</u>

8. WELL CONSTRUCTION
 Depth Drilled 135 Feet Depth Cased 0 Feet
 HOLE DIAMETER (BIT SIZE)
7 7/8 Inches From 0 Feet To 135 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>None</u>				

Perforations:
 Type perforation None
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level Surface feet below land surface
 Artesian flow 10 G.P.M. NA P.S.I.
 Water temperature Call °F Quality NA

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Ekland Drilling Co INC Contractor
 Address 605 Union Pacific Way Contractor
Elko Nevada 89803
 Nevada contractor's license number issued by the State Contractor's Board 2019228 003082
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1879
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 12/6/02

Date started 12-5-02
 Date completed 12-6-02

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			

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 STATE ENGINEERS OFFICE