

OFFICE USE ONLY
 Log No. 38972
 Permit No. _____
 Basin 054

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Cortez Gold Fm 06 D ADDRESS AT WELL LOCATION Dean Ranch
 MAILING ADDRESS Hc Box 1250
Crescent Valley NV 89821
 2. LOCATION SE 1/4 SW 1/4 Sec 26 T 28 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>Clay Sand Gravel</u> | | <u>0</u> | <u>175</u> | <u>175</u> |
| <u>Encountered Artesian Flow at 125'</u> | | | | |
| <u>Abandon Well</u> | | | | |
| <u>3/8 Hole Plug</u> | | | | |
| <u>137-50# Bags</u> | | <u>10</u> | <u>175</u> | <u>165</u> |
| <u>Cement 3-94# Bag</u> | | <u>0</u> | <u>10</u> | <u>10</u> |

8. WELL CONSTRUCTION
 Depth Drilled 175 Feet Depth Cased 0 Feet
 HOLE DIAMETER (BIT SIZE)
8 1/2 Inches From 0 Feet To 175 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
 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

Date started 1/21/11, 2002
 Date completed 1/21/11, 2002

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow 10 G.P.M. _____ P.S.I.
 Water temperature Cold °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 605 Union Pacific Way Contractor
Elko Nevada 89803
 Nevada contractor's license number issued by the State Contractor's Board 0011-7780030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1879
 Signed B-e Clay
 By driller performing actual drilling on site or contractor
 Date 12-12-02

RECEIVED
 JAN - 9 AM 10:50
 WELL DRILLERS OFFICE