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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. NDEP 9511

OWNER Cortez Gold ADDRESS AT WELL LOCATION Cortez Air Port
 MAILING ADDRESS HC Box 1250
Crescent Valley Nevada 89821
 2. LOCATION N 1/4 SW 1/4 Sec. 7 T. 27 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
Gravel Clay Sand		0	195	195
Encountered Artesian Flow at 195' Abandon Hole				
135-50# Bags 3/8 Hole Plug		10	195	185
3-9# Bags Cement		0	10	10

8. WELL CONSTRUCTION
 Depth Drilled 195 Feet Depth Cased None Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 1/2 Inches 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)
None				

Perforations:
 Type perforation N/A
 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

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
 Address 605 Union Pacific Way
Elko Nevada 89803
 Nevada contractor's license number issued by the State Contractor's Board 019378 0030923
 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 12-14-08

Date started 12-13 20 08
 Date completed 12-14 20 08

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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 13 JAN -9 AM 10:50
 STATE ENGINEERS OFFICE