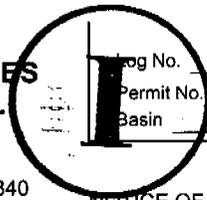


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
 Log No. 89554
 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. 48577

1. OWNER Coeur Rochester WI-11 ADDRESS AT WELL LOCATION Coeur Rochester
 MAILING ADDRESS P.O. Box 1057 minesite, northeast of Lovelock, NV.
Lovelock, NV 89419

2. LOCATION SW 1/4 NE 1/4 Sec. 15 T 28N N/S R 34E E Pershing County
 PERMIT NO. NEV 50037 N/A Parcel No. N/A 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 UNKNOWN

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Client had no report for this well. DWR database shows one 4" monitor well at SE 1/4, Sec. 15, T28N, R34E, but it was cased to 195'. Therefore we have no original construction information.				
Tagged the bottom of the well at 60'.				
Abandoned by pumping full of neat cement from T.D. to surface.				
Used 8.4 cu. ft. of cement.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased 60 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>2.86</u>	<u>0.337</u>	<u>0</u>	<u>60</u>

Perforations:
 Type perforation _____
 Size perforation _____

From	to	feet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level Dry _____ 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 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 1716

Signed David Lang
 By driller performing actual drilling on-site or contractor
 Date 2/6/03

Date started 1/28/2003, 19
 Date completed 1/28/2003, 19

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	Time (Hours)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

RECEIVED
 03 FEB 10 AM 11:23
 STATE ENGINEERS OFFICE

B.S.T.C.