

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

OFFICE USE ONLY
 Log No. 90570
 Permit No. _____
 Basin 059



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. **49280**

1. OWNER **Nemvont Mining Corporation** GV-497 ADDRESS AT WELL LOCATION **McCoy/Cove minesite,**
 MAILING ADDRESS **P.O. Box 669** Carlin, NV 89822 **south of Battle Mountain, NV.**

2. LOCATION NW 1/4 NE 1/4 Sec. 1 T 28N N/S R 42E E Lander County
 PERMIT NO. M/O-372 Issued by Water Resources Parcel No. N/A Subdivision Name N/A

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
+Note: Original construction data are from the original driller's report. Inconsistent or missing data are reported here as they were on the original.				
Could not obtain pre-abandonment static water level due to diameter of tubes.				
Abandoned by pumping full of neat cement.				
Used 33.04 cu.ft. of cement in the two tubes.				

8. WELL CONSTRUCTION
 Depth Drilled 840 Feet Depth Cased 840 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 0 Feet
840 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1</u>		Sch. 80	<u>0</u>	<u>840</u>
<u>1</u>		Sch. 80	<u>0</u>	<u>600</u>

Perforations:
 Type perforation _____
 Size perforation 0.010"
 From 615 feet to 815 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 53' Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 615 feet to 815 feet

9. WATER LEVEL
 Static water level _____ 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 **2085-T1**
 Signed Daryl Langman
 By driller performing actual drilling on-site or contractor
 Date 7/29/03

Date started 7/24/2003, 19
 Date completed 7/24/2003, 19

7. WELL TEST DATA

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

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 03 AUG - 1 PM 12:39
 STATE ENGINEERS OFFICE

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