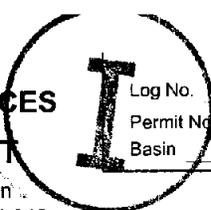


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



OFFICE USE ONLY

90596

Log No.  
 Permit No.  
 Basin

36

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. **46361**

1. OWNER **ANGLO GOLD** ADDRESS AT WELL LOCATION **JERRITT CANYON MINE**  
 MAILING ADDRESS **HC 31 BOX 78**  
**ELKO, NV 89801**

2. LOCATION **SW 1/4 SE 1/4 Sec. 15 T 40N N/S R 53E E ELKO** County  
 PERMIT NO. **54192** Issued by Water Resources Parcel No. **TRACT OF LAND** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  Stock  
 Municipal/Industrial  Monitor  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	10	10
SAND & GRAVEL		10	12	2
BROWN ROCK		12	60	48
BLACK SHALE		60	200	140
BLACK ROCK	360	200	475	275
	400			
	450			

N 41.353347  
 W 115.991667 NAD27

Plugged under NOI 60592

8. WELL CONSTRUCTION  
 Depth Drilled **475** Feet Depth Cased **475** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **0** Feet  
 From **0** Feet To **475** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>13</b>	<b>.188</b>	<b>+1</b>	<b>475</b>

Perforations:  
 Type perforation **MILLSLOT**  
 Size perforation **3/16 X 3**

From **415** feet to **475** feet

Surface Seal:  Yes  No  
 Depth of Seal **100**  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout

Gravel Packed:  Yes  No  
 From **100** feet to **475** feet

9. WATER LEVEL  
 Static water level **135** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **12/10/2001**, 19  
 Date completed **12/13/2001**, 19

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 checked="" type="checkbox"/> Air Lift	<b>150+</b>		<b>2.5</b>

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

Name **HACKWORTH DRILLING, INC** Contractor  
 Address **P.O. BOX 850** Contractor  
**ELKO, NV 89803**

Nevada contractor's license number issued by the State Contractor's Board **020582**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1689**

Signed *Dave W...*  
 By driller performing actual drilling on-site or contractor  
 Date **12/13/2001**