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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. 52551

1. OWNER Glamis Gold Inc. CW-7 ADDRESS AT WELL LOCATION Dee Gold minesite, 35 miles north of Carlin, NV.  
 MAILING ADDRESS P.O. Box 160 Valmy, NV 89438

2. LOCATION SE 1/4 SW 1/4 Sec. 10 T 36N N/S R 49 E Elko County  
 PERMIT NO. R-271 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  Municipal/Industrial  Irrigation  Monitor  Test  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<b>No original well driller's report was available; construction data are from the client. However, it was found that a 2" well was also at this location. We only had information on the 6" well.</b>				
<b>Abandoned both wells by pouring hole plug to 5' and capped with neat cement.</b>				
<b>Quantities Used:</b>				
<b>2" Well:</b> Cement: 0.11 cu.ft. Hole plug: 0.35 cu.ft.				
<b>6" Well:</b> Cement: 1.18 cu.ft. Hole plug: 23.8 cu.ft.				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased 17 & 117 Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2			0	17
6			0	117

Perforations:

Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_

From	To	Feet
_____	62	_____
_____	_____	118
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level 92 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 2254  
 Signed Daryl Maltzman  
 By driller/performing actual drilling on-site or contractor  
 Date 9/4/03

Date started 9/2/2003 19\_\_\_\_  
 Date completed \_\_\_\_\_ 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
Draw Down (Feet Below Static)	Time (Hours)		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECEIVED  
 03 OCT - 2 AM 11:00 P.M.  
 STATE ENGINEERS OFFICE

BST-L