

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

OFFICE USE ONLY
 Log No. 90656
 Permit No. _____
 Basin 061

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. 51524

1. OWNER Glamis Gold, Inc. TB-124 ADDRESS AT WELL LOCATION Dee Gold minesite, 35 miles north of Carlin, NV.
 MAILING ADDRESS P.O. Box 160
Valmy, NV 89438

2. LOCATION NE 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 Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
No original well driller's report was available; construction data are from the client.				
Abandoned by pouring hole plug to 5' and capped with neat cement.				
Quantities Used:				
Cement: 0.49 cu.ft.				
Hole plug: 1.38 cu.ft.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased 20 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)
<u>4</u>			<u>0</u>	<u>20</u>

Perforations:

Type perforation _____
 Size perforation _____

From	To	Feet
<u>8.5</u>	<u>18.5</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No Seal Type: _____
 Depth of Seal _____
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 9/4/2003 .19
 Date completed 9/4/2003 .19

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 2254
 Signed Daryl Langman
 By driller performing actual drilling on-site or contractor
 Date 9/12/03

B.S.T.L