

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

OFFICE USE ONLY
 Log No. 90677
 Permit No. _____
 Basin 061
 NOTICE OF INTENT NO. 51524

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

1. OWNER Glamis Gold Inc. (TB-20) 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: 0.11 cu.ft.				
Hole plug: 0.72 cu.ft.				

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 STATE ENGINEERS OFFICE

Date started 9/2/2003 19
 Date completed 9/2/2003 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 type="checkbox"/> Air Lift			

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased 40 Feet
HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>40</u>

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal _____
 Placement Method: Pumped Neat Cement
 Poured Cement Grout
 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 2254
 Signed Darryl Hargrove
 By driller performing actual drilling on-site or contractor
 Date 9/4/03

B.S.F.C