

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

OFFICE USE ONLY
 Log No. 92467-9543
 Permit No. _____
 Basin 53

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. **54361**

1. OWNER **BACTECH NEVADA**
 MAILING ADDRESS **249 THIRD STREET**
ELKO, NV 89801

ADDRESS AT WELL LOCATION **TONKIN SPRINGS MINESITE**
 N/S R **49E** E **EUREKA** County
TRACT OF LAND Subdivision Name

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **3** T **231/2N**
 PERMIT NO. **M/O 1302** Issued by Water Resources
WELL #015-03-TH2 Parcel No.

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
TOPSOIL		0	1	1
LOOSE ROCK		1	4	3
BROWN ROCK		4	90	86
GRAY ROCK		90	140	50
BLACK ROCK	160	140	200	60
GRAY ROCK		200	350	150

8. WELL CONSTRUCTION
 Depth Drilled **350** Feet
 Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
5.5 Inches From **0** Feet To **350** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

OPEN HOLE-NO CASING INSTALLED
 Plugged by pumping **13 bags of abandonite from 20-350 and 4 bags of cement from 0-20**

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

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

Date started **12/8/2003**, 19
 Date completed **12/9/2003**, 19

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)			
Time (Hours)			
5			

9. WATER LEVEL
 Static water level **130** 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 **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 *[Signature]*
 Date **12/10/2003**

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