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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. 52776

1. OWNER Kemametal Refinery ADDRESS AT WELL LOCATION Kemametal Refinery
 MAILING ADDRESS 347 N. Taylor St. Fallon NV, 89406 347 N. Taylor Street Fallon NV, 89406
89406 10777 Lovelock Hwy AC 4/1/04
 2. LOCATION NE 1/4 NW 1/4 Sec. 1 T. 20 N S R. 28 E Churchill County
 PERMIT NO. NEV 92006 NDEP 09-37-101 NA Subdivision Name _____
 Issued by Water Resources Parcel No. Subdivision Name

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 USA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silty sand Brn. Yellow OCP		0'	9 1/2'	9 1/2'
Sand w/ trace of silt F-course		9 1/2'	15'	5 1/2'
Silty sand F-med. sand		15'	24'	9'
Sand		24'	25'	1'
Fine sand		25'	30'	5'
Silty sand w/some gravel		30'	67'	37'
gravel - cemented silty sands		67'	72'	5'
Highly weathered siltstone	<u>74'</u>	72'	87'	15'
Silty sand DK green		87'	90'	3'
Sandy silt DK green w/ .		90'	94'	4'
Silty sand DK green		94'	100'	6'

MW-8
 09-37-22-111F-26
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/2" Inches To 100" Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>5.40</u>	<u>±3'</u>	<u>45'</u>
<u>4"</u>		<u>5.40"</u>	<u>90'</u>	<u>100'</u>

Perforations:
 Type perforation Factory Slot Long Year
 Size perforation .026
 From 45' feet to 90' feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 30' Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 100' feet to 40' feet

9. WATER LEVEL
 Static water level 74.18' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 85° °F Quality _____

Date started 2-23-04, 20____
 Date completed 2-24-04, 20____

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Haz-Tech Drilling Inc. Contractor
 Address P.O. Box 940 Contractor
Meridian ID 83680
 Nevada contractor's license number issued by the State Contractor's Board 0038018
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2188
 Signed Miker
 By driller performing actual drilling on site or contractor
 Date 2-29-04