

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO 55153

1. OWNER Mount Gold ADDRESS AT WELL LOCATION Gold Quarry
 MAILING ADDRESS P.O. Box 669 Carlin, NV 89822 QCP-50
 2. LOCATION NW 1/4 NE 1/4 Sec. 2 T. 33 N. R. 51 E. Yureka County
 PERMIT NO. 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill Alluvium		0	40	40
		40	305	265
3/8" Gravel pack		304	278	26
Cement		278	276	2
Super plug		276	60	216
Cement		60	0	60

8. WELL CONSTRUCTION
 Depth Drilled 305 Feet Depth Cased 304 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 20 Feet
10 Inches
 From 20 Feet To 305 Feet
6 1/2 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 7/8	N/A	sch 40	F 2	304

Perforations:
 Type perforation vertical slot
 Size perforation 1/8"
 From 304 feet to 284 feet SCREEN
 From 284 feet to F 2 feet BLANK

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 60
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 304 feet to 278 feet

9. WATER LEVEL
 Static water level 143.2 feet below land surface
 Artesian flow NP G.P.M. WTA P.S.I.
 Water temperature N/A °F Quality WTA

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Eklund Drilling Co., Inc. Contractor
 Address P.O. Box 2748 Contractor
Elko, Nevada 89803
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1942
 Signed William Riley
 By driller performing actual drilling on site or contractor
 Date 3-15-05

Date started 3-8, 2005
 Date completed 3-10, 2005

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 checked="" type="checkbox"/> Air Lift	<u>305</u>	<u>3</u>	<u>N/A</u>
			<u>1/2</u>

RECEIVED
 05 MAR 25 PM 1:30
 STATE ENGINEERS OFFICE