

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 55757

1. OWNER Nicomat Mining Corp ADDRESS AT WELL LOCATION Twin Creeks mine
MAILING ADDRESS Po Box 69
Golconda, NV 89414
2. LOCATION SE 1/4 NE 1/4 Sec. 30 T. 39 N/S R. 43 E Humboldt 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. m/030-35B LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Abandoned hole</u>				
<u>pour 150 gal Cement slurry in hole to Abandon</u>				
<u>Screen portion of hole - 16 SKS</u>				
<u>pour En 3/8 Kwik plug</u>		<u>13</u>	<u>SKS</u>	
<u>fill hole up.</u>				

8. WELL CONSTRUCTION
Depth Drilled 550 Feet Depth Cased 530 Feet
HOLE DIAMETER (BIT SIZE)
From 12 Inches To 8 Feet
From 6 Inches To 550 Feet
From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>3/8</u>	<u>0</u>	<u>530</u>

Perforations:
Type perforation slot
Size perforation 020
From 520 feet to 420 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 520 feet to 466 feet

9. WATER LEVEL
Static water level 520' feet below land surface
Artesian flow N/A 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 Eklund Drilling Co
Address P.O. Box 2748
Eiko NV 89803
Nevada contractor's license number 0030823
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2089
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 9/25/05

Date started 9/25 2005
Date completed 9/25 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 type="checkbox"/> Air Lift			

RECEIVED
OCT 05 2005

STATE ENGINEER'S OFFICE