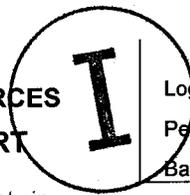


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



OFFICE USE ONLY  
 Log No. 101514  
 Permit No. \_\_\_\_\_  
 Basin 044

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **58508**

1. OWNER **Queenstake Resources GW-57** ADDRESS AT WELL LOCATION **Queenstake Minesite, 35 miles north of Elko, NV.**  
 MAILING ADDRESS **HC 31, Box 78, Elko, NV 89801** Subdivision Name: **N/A** County: **Elko**

2. LOCATION **NW1/4NW1/4 Sec3T40N/ R54E** Latitude **41 23.862 N** UTM E  NAD 27  
 PERMIT/WAIVER NO. **NEV00000200** NDEP # \_\_\_\_\_ Longitude **115 53.097 W** N  NAD 83/WGS 84  
 Issued by Water Resources Parcel No. **N/A**

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Other \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Test  Monitor  Stock  
 Municipal/Industrial

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay with gravel		0	10	10
Gravel with clay		10	20	10
Clay		20	25	5
Gravel		25	40	15
Clay		40	60	20
Gravel with clay		60	95	35
Clay		95	97	2

9. WELL CONSTRUCTION  
 Depth Drilled **97** Feet Depth Cased **96** Feet

HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**6.50** Inches **0** Feet **97** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2.375</b>	<b>0.96</b>	<b>0.218</b>	<b>+2</b>	<b>96</b>

Perforations:  
 Type of perforation **Slotted**  
 Size of perforation **0.020"**

From	To
<b>76 feet</b>	<b>96 feet</b>
_____ feet	_____ feet

Annular Seal:  Yes  No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	<b>0</b>	<b>10</b>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>73'</b>	<b>97'</b>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: <b>3/8" x 1/4"</b>			
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>10'</b>	<b>73'</b>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: <b>3/8"</b>			

7. Water Level  
 Static water level: **34'** feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: **Cold** °F  
 Quality: **Clear**

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 **2258**

Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 8/19/2006

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>			
Draw Down (Feet Below Static)			
<b>5.50</b>			
Time (Hours)			

RECEIVED  
 2006 AUG 22 AM 10:24  
 STATE ENGINEERS OFFICE

*GW*