



MW #1

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 5096

PRINT OR TYPE ONLY

1. OWNER FREEPORT-McMORAN Gold Company ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 2547
ELKO, NEVADA 89801
 2. LOCATION NE 1/4 NE 1/4 Sec 2 T. 42 N. R. 54 E ELKO County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	3	3
SANDY GRAVEL		3	9	6
CLAY		9	17	8
SANDY GRAVEL		17	37	20
CLAY		37	53	16
SANDY GRAVEL		53	74	21
CLAY		74	106	32
SAND & GRAVEL		106	137	31
CLAY		137	160	23

8. WELL CONSTRUCTION 0-20'
 Diameter hole 9 7/8 inches Total depth 20-160' feet
 Casing record 10" STEEL (.25 WALL) 4" PVC (SCH 80)
 Weight per foot _____ Thickness _____

Diameter	From	To
<u>10</u> inches	<u>+2</u> feet	<u>20</u> feet
<u>4</u> inches	<u>+1</u> feet	<u>59</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type GRAUT
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 55 feet to 160 feet
BENTONITE PELLETS 50' - 55'
 Perforations:
 Type perforation SLOTTED
 Size perforation .030
 From 59 feet to 158 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level APPROX 50 feet below land surface
 Flow 0 G.P.M. 0 P.S.I.
 Water temperature GOLD ° F. Quality GOOD

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name LAN 9 EXPLORATORY DRILLING Contractor
 Address 2286 W. 1500 So. SLC, UT 84104 Contractor
 Nevada contractor's license number 0021976
 Nevada contractor's drillers number 0010157
 Nevada driller's license number 1488 Actual Driller
 Signed [Signature] Contractor
 Date NOV. 12, 1986

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours