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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. 18502

1. OWNER CORTEZ GOLD MINES ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Star Rte. HC 66-50
Beowawe, NV 89821-9708
 2. LOCATION SE 1/4 SE 1/4 Sec 12 T 27 S R. 47 E Lander County
 PERMIT NO. R-150 (unsubmerged) 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	Thickness
<u>Site #1 Reclamation Wells</u>				
<u>Silty clay</u>		<u>0</u>	<u>8</u>	<u>8</u>
<u>Gravel</u>		<u>8</u>	<u>13</u>	<u>5</u>
<u>Sand</u>	<u>seep</u>	<u>13</u>	<u>13 1/2</u>	<u>1/2</u>
<u>Clay</u>		<u>13 1/2</u>	<u>19</u>	<u>5 1/2</u>
<u>Sand</u>	<u>✓</u>	<u>19</u>	<u>19 1/2</u>	<u>1/2</u>
<u>Clay</u>		<u>19 1/2</u>	<u>27 1/2</u>	<u>8</u>
<u>Sand</u>	<u>109pm</u>	<u>27 1/2</u>	<u>28</u>	<u>1/2</u>
<u>Clay</u>		<u>28</u>	<u>42</u>	<u>14</u>
<u>Sand</u>	<u>209pm</u>	<u>42</u>	<u>43</u>	<u>1</u>
<u>Clay</u>		<u>43</u>	<u>45</u>	
			<u>T.D. 45 ft</u>	

8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 45 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 45 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 9/8</u>	<u>12.92</u>	<u>x188</u>	<u>0</u>	<u>14</u>
			<u>29</u>	<u>38</u>
			<u>43</u>	<u>45</u>

Perforations:
 Type perforation SS screen
 Size perforation .020
 From 14 feet to 29 feet
 From 38 feet to 43 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal 13
 Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 14 feet to 44 feet

9. WATER LEVEL
 Static water level 2.0 feet below land surface
 Artesian flow _____ 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 MUTA DRILLING Co Contractor
 Address 203 Pine St.
Elko, NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 10819
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 632
 Signed James K. Muth
 By driller performing actual drilling on site or contractor
 Date 4/1/92

Date started 4/29, 1992
 Date completed 4/30, 1992

7. WELL TEST DATA Cemented 6/25/92

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>12</u>	<u>Total</u>	<u>capacity</u>