

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 53348
 Permit No. _____
 Basin 066
 28-66
 29-66
 I

1. OWNER Santa Fe Pacific Mining Co. ADDRESS AT WELL LOCATION Twin Creeks Mine
 MAILING ADDRESS 861 W. 6th Street
Winnemucca NV 89445
 2. LOCATION SE 1/4 SE 1/4 Sec. 5 T 38 S R. 43 E Humboldt County
 PERMIT NO. R-296
 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>Clay & Gravel</u>		<u>0</u>	<u>120'</u>	<u>120'</u>
<u>Neat Cement Sand Pack</u>		<u>0</u>	<u>7'</u>	<u>7'</u>
		<u>7'</u>	<u>117'</u>	<u>110'</u>
<u>Centralizers at</u>		<u>40'</u>	<u>40'</u>	<u>100'</u>

8. WELL CONSTRUCTION
 Depth Drilled 120' Feet Depth Cased 117' Feet
 HOLE DIAMETER (BIT SIZE)
 From 7" Inches To 0 Feet 120' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>3"</u>	<u>Galv.</u>	<u>SCH 40</u>	<u>+3'</u>	<u>7'</u>
<u>3"</u>	<u>Perf PVC</u>	<u>SCH 80</u>	<u>7'</u>	<u>117'</u>

Perforations:
 Type perforation Horizontal Slots
 Size perforation .030
 From _____ feet to _____ feet
 From +3' feet to 7' Blank feet
 From 7' feet to 117' Screen feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 7' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 7' feet to 117' feet

Date started 8-1-96, 19____
 Date completed 8-1-96, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level 9' 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 Eklund Drilling Co. Inc.
 Address P.O. Box 2748
Elko NV 89803
 Nevada contractor's license number # 0030823
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1786
 Division of Water Resources, the on-site driller
 Signed Craig Davis
 By driller performing actual drilling on site or contractor
 Date 8-1-96