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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. 5

1. OWNER Homestake Mining Co. ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS P. O. Box 99 \_\_\_\_\_  
Luning, NV 89420 \_\_\_\_\_

2. LOCATION Sw 1/4 Sw 1/4 Sec 28 T 9 N/S R 35 E Mineral 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. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>PZ-3</u>				
<u>Alluvium</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Volcanic Tuft</u>		<u>3</u>	<u>8</u>	<u>5</u>
<u>Steel casing was installed with locking cap to protect PVC casing TAP 12"</u>				
<u>concrete pad also</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 8 Feet Depth Cased 8 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 5.75 Inches To 8 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1</u>	<u>Sch</u>	<u>80</u>	<u>0</u>	<u>8</u>

Perforations:  
 Type perforation slotted  
 Size perforation .010  
 From 3 feet to 8 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 2.5 \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 2.5 feet to 8 feet

9. WATER LEVEL  
 Static water level N/A feet below land surface  
 Artesian flow N/A G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 11-23- 1998  
 Date completed 11-23 1998

7. WELL TEST DATA

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

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 Division of Water Resources, the on-site driller 1861  
 Signed Paul Muhl  
 By driller performing actual drilling on site or contractor  
 Date 12-7-98