

OFFICE USE ONLY  
 Log No. 79045  
 Permit No. 39  
 Basin 39

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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. 30124

1. OWNER Echo Bay Minerals ADDRESS AT WELL LOCATION Echo Bay Mine (Cave pit)  
 MAILING ADDRESS P.O. Box 1658  
Battle Mountain, NV 89820  
 2. LOCATION SW 1/4 SE 1/4 Sec. 36 T. 29 N. S. R. 42 E. Lander 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
110 gallons of 15 lbs Neat cement		-400	+2	
Ran trimmie pipe to Bottom of well, pumped 50 gallons of neat cement pulled out 200' of trimmie 3 pumped 50 gallons of neat cement fill cement Ran from well, pulled the rest of the trimmie out 3 Tapped off well.				

8. WELL CONSTRUCTION  
 Depth Drilled 400' Feet Depth Cased 400' Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
8 3/4 Inches +1 Feet -20 Feet  
6 Inches -20 Feet 400 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>0.188</u>	<u>+1</u>	<u>-20</u>
<u>2"</u>		<u>SCH 40</u>	<u>+2</u>	<u>-400</u>

Perforations:  
 Type perforation Slot  
 Size perforation .010  
 From 400 feet to 320 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From -400 feet to +2 feet

9. WATER LEVEL  
 Static water level 30 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10-28-99  
 Date completed 10/29

7. WELL TEST DATA

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

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. Contractor  
 Address P. O. Box 2748 Contractor  
Elko, NV 89803  
 Nevada contractor's license number issued by the State Contractor's Board 0030823  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1971  
 Signed Dan Johnson  
 By driller performing actual drilling on site or contractor  
 Date 10-28-99