

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 81223
 Permit No. _____
 Basis 34

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **43240**

1. OWNER **Cortez Gold Mines** ADDRESS AT WELL LOCATION **Cortez Gold minesite,**
 MAILING ADDRESS **Star Route HC 66-50** **south of Crescent Valley, NV.**
Beowawe, NV 89821

2. LOCATION **NW** 1/4 **NW** 1/4 Sec. **32** T **28** **N** R **47** E **Lander** County
 PERMIT NO. **57135** Issued by Water Resources Parcel No. **NA** Subdivision Name **NA**

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test Monitor Municipal/Industrial Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Perforated, prior to abandoning, from 220' - 390'. Seven passes with the perforator.				
Abandoned by pumping abantonite via tremmie from T.D. to 48', hole plug to 20', and capped with neat cement.				
Quantities Used: Cement: 21 cu.ft. Hole plug: 30 cu.ft. Abantonite: 674 cu.ft.		0 20 48	20 48 575	20 28 527

8. WELL CONSTRUCTION
 Depth Drilled **575** Feet Depth Cased **575** Feet
 HOLE DIAMETER (BIT SIZE)
 From 31 Inches To 0 Feet
 From 22 Inches To 20 Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
26	102.63	0.375	0	20
14	54.57	0.375	0	575

Perforations:
 Type perforation **Wire Wrap**
 Size perforation **0.080"**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **575** feet

9. WATER LEVEL
 Static water level **Dry** feet below land surface
 Artesian flow **NA** G.P.M. **NA** P.S.I.
 Water temperature **NA** °F Quality **NA**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started **8/13/2000**, 19____
 Date completed **8/14/2000**, 19____

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			

Name **Lang Exploratory Drilling** Contractor
 Address **P.O. Box 5279** Contractor
Elko, NV 89802-5279
 Nevada contractor's license number issued by the State Contractor's Board **0021976**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2095**
 Signed **Joe Crawford**
 By driller performing actual drilling on-site or contractor
 Date **8/23/00**

B.S.T.C