

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 89186
 Permit No. _____
 Basin 072

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. **50038-8**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **FLORIDA CANYON MINING, INC.**
 MAILING ADDRESS **P.O. BOX 330**
IMLAY, NV 89418

ADDRESS AT WELL LOCATION **OFF EXIT 138 I-80 EAST**
NEAR IMLAY, NF

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **3** T **31N** N/S R **33** E **PERSHING** County
 PERMIT NO. **M/O-1266-A** **08-580-57** **WELL #?**
Issued by Water Resources Parcel No. Subdivision Name

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

6. **LITHOLOGIC LOG**

| Material | Water Strata | From | To | Thick-ness |
|-------------------------------|--------------|------|-----|------------|
| GRAVEL | | 0 | 4 | 4 |
| BOULDERS, GRAVEL & CLAY | | 4 | 100 | 96 |
| BOULDERS, GRAVEL & SANDY CLAY | | 100 | 180 | 80 |

8. **WELL CONSTRUCTION**
 Depth Drilled **180** Feet Depth Cased **147** Feet
HOLE DIAMETER (BIT SIZE)
 From **0** To **180** Feet
8 3/4 Inches **0** Feet **180** Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

USED **26, 50# BAGS OF 3/8" HOLE PLUG CEMENTED TOP 10 FEET**

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 4.5 | PVC | SCH 40 | +2 | 147 |

Perforations:
 Type perforation **PVC SCREEN**
 Size perforation **.020**
 From **107** feet to **137** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **98'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **98** feet to **180** feet

Date started **2/5/2003**, 19____
 Date completed **2/5/2003**, 19____

7. **WELL TEST DATA**

| TEST METHOD: | Bailer | Pump | <input checked="" type="checkbox"/> Air Lift |
|--------------|-------------------------------|--------------|--|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| 2-3 | | 2 | |

9. **WATER LEVEL**
 Static water level **129** 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 **HACKWORTH DRILLING, INC** Contractor
 Address **P.O. BOX 850** Contractor

ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board **020582**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1689**

Signed *[Signature]*
 By driller performing actual drilling on-site or contractor

Date **2/27/2003**

FILED IN PERMITS DIVISION
 FEB 27 2003
 CARSON CITY, NEVADA
 DIVISION OF WATER RESOURCES OFFICE