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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. 40221

1. OWNER Anglo Gold ADDRESS AT WELL LOCATION Anglo Gold
 MAILING ADDRESS HC-31 Box 78 ELKO, NV. 89801 Jerritt Canyon

2. LOCATION NE 1/4 NW 1/4 Sec 17 T. 40 S. R. 54 E ELKO County
 PERMIT NO. Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Hard limestone		0	410'	
broken limestone		410'	425'	
broken to hard		425'	950'	
		950'	1050'	
PLUGGED BY WELL LOG # 112241				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 0' To 60' Feet
 12 Inches 0' Feet 60' Feet
 10 1/2 Inches 60' Feet 1050' Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 1/2	12.25	1.88	0'	

Perforations:
 Type perforation Vert. Slot
 Size perforation 1/2"
 From 640' feet to 1050' feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 500' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 483' 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 Ward Weaver Contractor
 Address 2305 Last Chance Rd. Contractor
ELKO, NV. 89801
 Nevada contractor's license number issued by the State Contractor's Board 0030630
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1676
 Signed Ward Weaver
 By driller performing actual drilling on site or contractor
 Date 11/20/02

Date started 11-4-02
 Date completed 11/17/02

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 checked="" type="checkbox"/> Air Lift	<u>70</u>		
	<u>41.360</u>	<u>749°N</u>	
	<u>115.922</u>	<u>633°W</u>	
	<u>N/A</u>	<u>27</u>	

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