

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

OFFICE USE ONLY

Log No. 89551
 Perm. No. _____
 Basin 129

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. 48575

1. OWNER Coeur Rochester MWE-13
 MAILING ADDRESS P.O. Box 1057
Lovelock, NV 89419

ADDRESS AT WELL LOCATION Coeur Rochester
minesite, northeast of Lovelock, NV.

2. LOCATION SW 1/4 SE 1/4 Sec. 10 T 28N N/S R 34E E Pershing County
 PERMIT NO. NEV 50037 Parcel No. N/A Subdivision Name N/A
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other Unknown

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Client had no report for this well. DWR database has no 4" wells in this section. Therefore, we have no original construction information.				
Tagged the bottom of the well at 87'.				
Abandoned by pumping of neat cement T.D. to surface.				
Used 13.2 cu.ft. of cement.				

RECEIVED
 03 FEB 10 AM 11:23
 STATE ENGINEERS OFFICE

Date started 1/28/2003, 19
 Date completed 1/28/2003, 19

7. WELL TEST DATA

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

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased 87 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>2.86</u>	<u>0.337</u>	<u>0</u>	<u>87</u>

Perforations:

Type perforation _____
 Size perforation _____

From	feet to	feet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level Dry _____ 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 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 1716
 Signed [Signature] By driller performing actual drilling on-site or contractor
 Date 2/6/03

BSTA