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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. 55228

1. OWNER GLAMIS MARIGOLD MINE Co. ADDRESS AT WELL LOCATION 3 MI. SOUTH OF
VALMY, NV. 89438 2-80 AT VALMY NV. MP31-1
 MAILING ADDRESS P.O. BOX 160

2. LOCATION NE 1/4 NW 1/4 Sec. 31 T. 33 S. R. 43 E. HUMBOLT 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	Thickness
<u>GRAVEL</u>		<u>0</u>	<u>10'</u>	<u>10'</u>
<u>SILTY-CHERT</u>		<u>10'</u>	<u>240'</u>	<u>230'</u>
<u>SED. MORTAR</u>		<u>240'</u>	<u>600'</u>	<u>360'</u>
<u>SHALY-CHERT</u>		<u>600'</u>	<u>740'</u>	<u>140'</u>
<u>QUARTZITE-SHALE</u>		<u>740'</u>	<u>1100'</u>	<u>360'</u>
<u>DID NOT HIT WATER</u>				
<u>SAND PAC #8</u>		<u>1100'</u>	<u>910'</u>	<u>190'</u>
<u>5 PALLETS</u>				
<u>3 PALLETS 3/8</u>		<u>910'</u>	<u>60'</u>	<u>850'</u>
<u>SOLE PLUG</u>				
<u>SURFACE SEAL</u>		<u>60'</u>	<u>0'</u>	<u>60'</u>
<u>NEAT CEMENT</u>				
<u>1 PALLET</u>				

8. WELL CONSTRUCTION
 Depth Drilled 1,100 Feet Depth Cased 1,097 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 3/4 Inches To 0 Feet 1,100 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/2"</u>		<u>SCN80</u>	<u>1,097'</u>	<u>+ 3'</u>

Perforations:
 Type perforation H.O.R.
 Size perforation .020
 From 1,097' feet to 937' feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 1,097' feet to 910' feet

9. WATER LEVEL
 Static water level N/A feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9/30/05, 20____
 Date completed 10/8/05, 20____

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		<u>N/A</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ELKUND DRILLING Co. 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 1698
 Signed Dary Lynn Harris
 By driller performing actual drilling on site or contractor
 Date 11/2/05