

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

OFFICE USE ONLY
 Log No. 99102
 Permit No. _____
 Basin 053

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. 28689

1. OWNER Teck Cominco American Inc. ADDRESS AT WELL LOCATION Approx 40 mi Northwest of Eureka Nevada
 MAILING ADDRESS 15918 E Euclid Ave. Spokane, Wa. 99216
 2. LOCATION NE 1/4 SW 1/4 Sec 32 T. 27 N. R. 49 E. Eureka 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	Thick-ness
<u>Surface Protector Wash Secure and cement seal apparent</u>				
<u>Pulled 6' of 2" PVC riser with protector and 20' of screen with print</u>				
<u>Washed Tremie bucket to 20' + cemented back out with neat cement</u>				
<u>Hand Held GPS N 40° 10.615' W 116° 28.711'</u>				
<u>BMW-19</u>				

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 25 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

 Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 0 feet to 20 feet

9. WATER LEVEL
 Static water level 4' feet below land surface
 Artesian flow NA G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality _____

Date started 10-21, 2005
 Date completed 10-21, 2005

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Layne Christensen Company Contractor
 Address 4490 West 1707 South Salt Lake City Utah 84104 Contractor
 Nevada contractor's license number 0019101 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1970
 Signed William J. Franklin
 By driller performing actual drilling on site or contractor
 Date Nov 16, 2005