010



DIAMOND DRILLING

TOWNSHIP:

CRERAR TOWNSHIP

REPORT NO:

15

WORK PERFORMED FOR: ALBERT LEBLANC

RECORDED HOLDER: SAME AS ABOVE [K]

: OTHER []

CLAIM NO.

HOLE NO.

FOOTAGE

DATE

NOTE

1076224-1076226

90-1

127.0

JULY/90

(1)

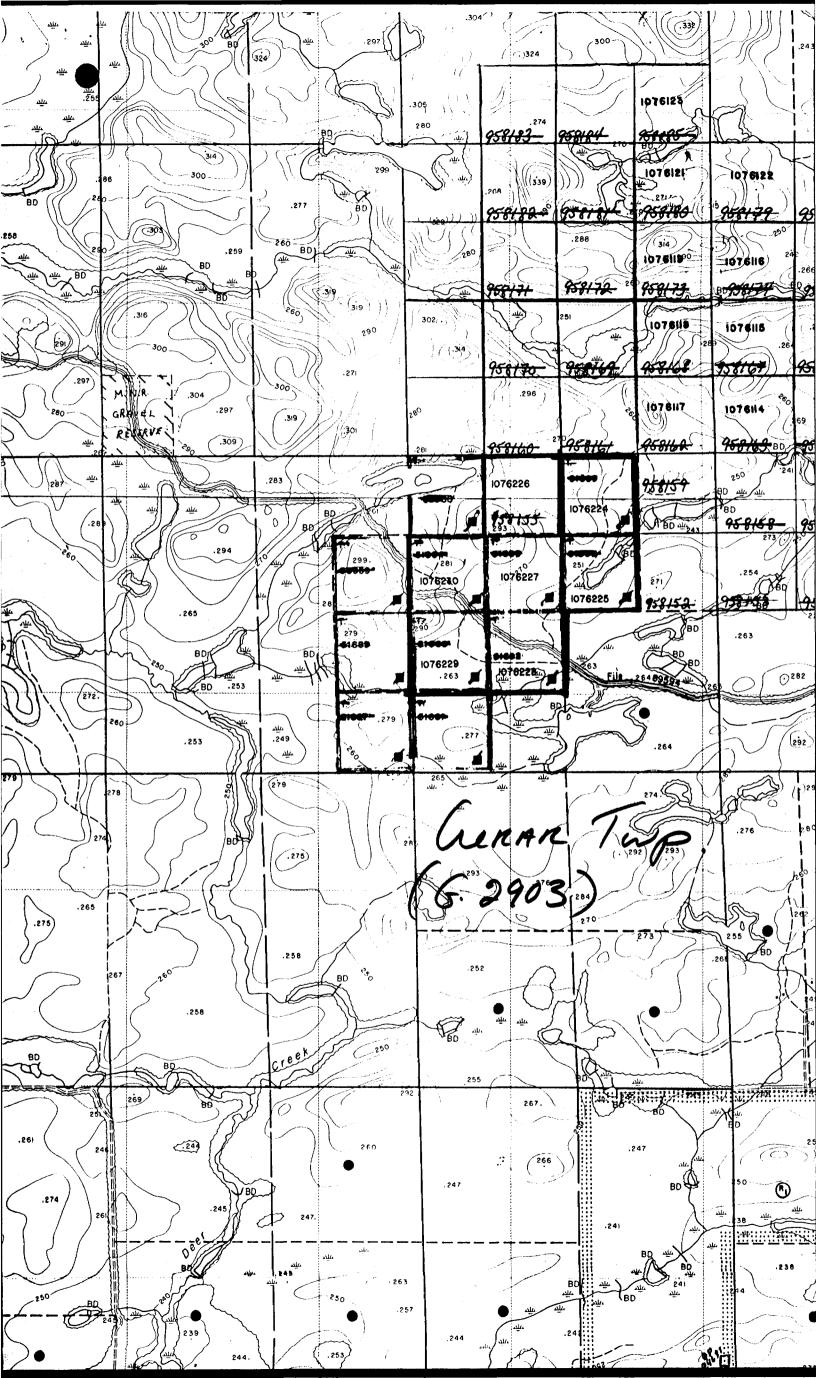
47 feet on 1076224 Ministry of Diamond 80 feet on 1076226 Drilling Resources Log Fill in on 🔒 Hole No. every page 7 90-1 Drilling Company

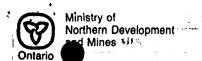
(-) | best | z blanc

| Date Completed Bearing of hole from true North N 30° W 127.0 Claim No. 107622456 Collar Elevation Dip of Hole at Map Reference No. Location of hole in relation to a fixed point on the claim. collar - 50 Date Logged 1076224 Location (Twp., Lot, Con. or Lat. and Long.) 1076226 Aug 9 193 Date Submitted Tuly 14 1990 Tuly 22 1995
Exploration Co., Owner or Optionee Crerar Twp. Albert Leblanc Property Name Ft. Footage (BQ (ore) Description Sample Footage Your Assays † Sample Rock Type Feature Colour, grain size, texture, minerals, alteration, etc. Sample No. Length From From Overburde 0.0 Medium to coarse grained dook green to black regular hadness of Horly and extilatized. 1127.0 Gabbro chlante - carbonte billed fratures. At 26.0 chilled contact into fa gabbro or dyke run. Munchigation: ends here How I This fa with container through 30 and 40 feel gren flux sepregation with 1-02% po. This and 09.0 roch blocky onl only 80% recovery.

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Drilling Cor	ח
Date Hole S	t
Exploration	(
Foot	ta
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Ministry of **Diamond** Natural Drilling Resources Hole No. Log Fill in on every page Bearing of hole from Total Footage Collar Elevation Location of hole in relation to a fixed point on the claim. Dip of Hole at Map Reference No. Claim No. Collar Date Logged Location (Twp., Lot, Con. or Lat. and Long.) Ft. Co., Owner or Optionee Date Submitted Ft. Ft. Property Name Ft. Description Core Specimen Sample Footage Assays † Your Sample Rock Type Feature To Colour, grain size, texture, minerals, alteration, etc. Sample No. Length From To Cross th <u>た</u>めか 90-GA. 8015 83 (82/1)





W 9007. 00280

STATEMENT OF THE STATEM



41109SE0005 15 CRERAR

900

Mining Act of red load		Repor	rt of	Work				_	•	•		
Name and Address of Recorded Holder	1.								Pro	ospector's Li		
albert Leblane									17.01	ephone No.	2 <i>865</i>	
BOX 44 WARREN ON						P	OHZN	1/2		705)	967-2	960
Summary of Distribution of Credits	and Wo		ice				11.5.11				767	100
Mining Division		Mining Claim		Work	1	Minin	g Clalm		/ork	Mi	ning Claim	Work
Sudbury Township or Area	Prefix	Number		Days Cr.	Prefix	-	Number	Da	ys Cr.	Prefix	Number	Days Cr.
CRCRAR TUP	_5	107622	4	6	<u> </u>					ļ		
Total Assessment Credits Claimed		107622	5	6		İ						
42 - 22 manufe		107622	6	6								
Type of Work Performed (Check one only)		107622		6								
Manual Work		107627	28	6								
Shaft Sinking Drifting or other Lateral Work		107622		6								
Mechanical equipment		107623		Ь								
Power Stripping other than Manual (maximum credit allowed - 100 days	ray be an	Construyers										
per claim) Diamond or other Core drilling			·			_						
Core Specimens				•						1		_
		<u> </u>				L			·			
Pates when work was performed From: $\int 4/4 /4 - 90$ To:	5410	77-90	Total	No. of Da イス~	ys Perlorme)	d	Total No.	of Days Cl 42	aimed	Future Da	of Days to be Cli	aimed at a
			<u> </u>		·							
All the work was performed on Mining Indicate no. of days performed on each * (See note No. 1 on reverse side)	Claim(s) ch claim.	: Mining Claim /07622	1	. 1	vining Claim 10762	26	No. of Days	Mining Clair	n	No. of Days	Mining Claim	No. of Days
Mining Claim No. of Days Mining Claim	No. of De	ays Mining Claim			Mining Claim		No. of Days	Mining Clair	n	No. of Days	Mining Claim	No. of Days
										<u></u>		
Required information eg. type of if space below is insufficient, attach s ALBent Lc 13 Tn ly 14/9		July 3 3) 107622	120	800 D. D.	104. 901 30°W	3	500	Acceipt	AUG	15 199	ES 00 ED	
Certification of Beneficial Interest	vas perforn	ned, the claims o	covered	in this re	port Date		·		Rec	orded Holde	r or Agent (Sign	nature)
of work were recorded in the current recorde by the current recorded holder.		name or held unde	er a ben	ericial inte	rest Q	44	9-98	2	<u> </u>	9. L	ellare	
Certification Verifying Report of W		nete knowloda	a of th	a facts :	eat forth in	the	Report of	Work en	never	l harata he	vina nerforma	d the work
I hereby certify that I have a persona or witnessed same during and/or afte Name and Address of Person Certifying	r its comp	pletion and the	annex	ed repo	rt is true.	7(1 4		AAOIN BII	IDVAC	I HOLDIO, NE	zania hemomia	O UID HUIN
1 4	عهد			<u> </u>	 ,	<u></u>			· · · · · ·	Carle - 4 F	(Clanatura)	
Box 44 Warner	0		ohone N	io. ファス		Date	uq:9-	90		Q,	y (Signature)	
For Office Use Only							7					
Work Assignments 5,1076224 (41))=B	alance		392	1.2		Reco	eived Sta	mps E		URY VED	

744 (00,000)

5.1076226 (74) = Balance 3895.2.

10:05 M H

AUB - 9 1990