

Ministryol Natural Resources

Report of Work (86 0 357/86 .

Type of equipment and amount expended. Note: Proof of actual cost must be submitted within 30 days of recording.

Signed core log showing; footage, diameter of

Name and address of Ontario land surveyer.

core, number and angles of holes.

Power Stripping

drilling

Land Survey

Diamond or other core

The Mini



Names and addresses of owner or operator together with dates when drilling/stripping

NI

Work Sketch (as

above) in duplicate

Nil

done.

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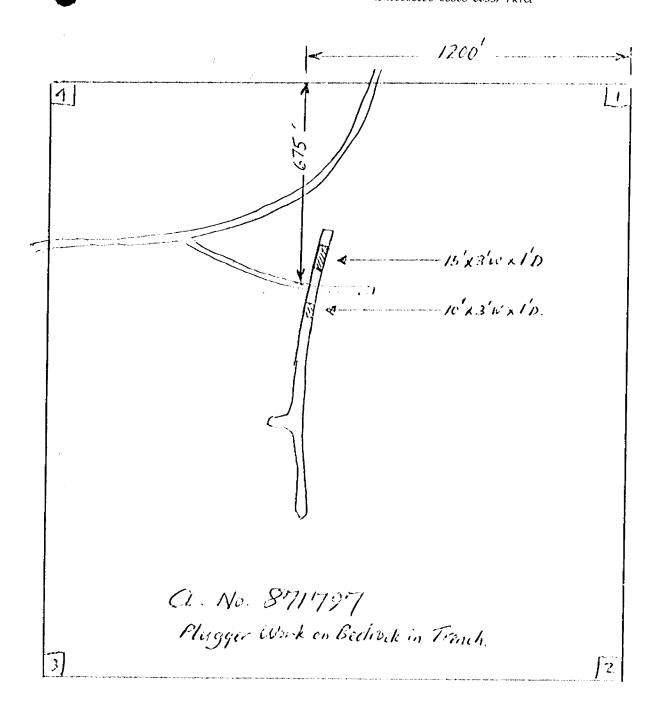
Name and Postal Address of Recorded Holder

101150 - 60

Prospector's Licence No.

VAMES	Zi. C	KOXALL					107	8321	
1.52 BRU	CK P	AVE,							
Summary of Work Performand	e and Di	stribution of Cred	its					turken er	
Total Work Days Cr. claimed	Prefix	Mining Claim Number	Work Days Cr.	N Prefix	Mining Claim Number	Work Days Cr.	Min Prefix	ing Claim Number	Work Days Cr.
for Performance of the following work. (Check one only)		87/197	1	****					
Manual Work									
Shaft Sinking Drifting or other Lateral Work.									
Compressed Air, other Power driven or mechanical equip.			: -	Î					
Power Stripping					-				
Diamond or other Core drilling									
Land Survey									
All the work was performed on M	ining Clair	m(s): 8717	97						
Required Information eg: type of equipment, Names, Addresses, etc. (See Table Below)									
ATLAS COPCO "COGRA PLUGGER" - DIUNED BY J. CRUXALL, 157 BRICKAVE. OPERATED BY IN KANGAS, 128 QUEENIST.									
				177	BOT	4 OF	TIMMIN	15	11,
DATE	-	HOURS			Ī	REC	GRO	ED	
ocr 5/86 · 3									
OCT 18/86 9					NOV 1 7 1986				
		12					. , 100	,0	
ASSESSMENT CREDIT CLAIMED=12:3=4 A.D.									
(@ 3 HR. PER DRY)									
·									
								,	
	,				Date of Report	/15.	Recorded Ho	older or Agent (S	gnature)
Certification Verifying Report	of Mark				NOV.15/	186	J. E.	(11xil	2.
I hereby certify that I have a pe	rsonal and	•			,	ork annexe	d hereto, hav	ing performed th	e work
or witnessed same during and/o Name and Postal Address of Persor			The Control of the Co	*		····	· · · · · · · · · · · · · · · · · · ·		
J. E. Croyall, 152 Brock hve. Jimmins Ontario Date Cognified Certified by (Signature)									
			•		1/00/15/	86	Q. E.	(Signature)	برا
Table of Information/Attachm	ents Rec	uired by the Mini	ng Record	der 1			//		
Type of Work Oncurre Mis	H-M-H	Efficing to mation per	type	Oth	er information (Con	mon to 2	or more type	s) Attachn	ients
Manual Work	u V U	i) Nil			anues and addresses a	f man who	norformed		
other Lateral Work	Vork NOV 17 1986 Names and addresses of menual work/operated equip with dates and hours of employees.						ent, together are required to s		
Compressed at , other power Ty driven or mechanical equip.	pe of equ	pment			extent of work in relation to the				





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