

Chp 29

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



OFFICE USE ONLY
Log No. 103188
Permit No. _____
Basin 854

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. 58627

1. OWNER Barrick/Cortez
MAILING ADDRESS HC 161 Box 1250
Crescent Valley, NV 89821

ADDRESS AT WELL LOCATION Cortez Hills

Subdivision Name: _____ County: Lander

2. LOCATION NW 1/4 Sec 6 T 26 N R 48 E
PERMIT/WAIVER No. M/D-1430

Latitude 40.159123 UTM E 532569.832 NAD 27
Longitude 116.605818 N 4445282.705 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
OVER-BURDEN		0	200	200
GRAY ROCK		200	360	160
BLACK ROCK	X	360	940	580
GRAY ROCK	X	940	1030	90
GRAY ROCK interbedded		1030	1120	90
Red yellow grey sand		1120	1150	30
Black rock		1150	1200	50
Green Gray Rock		1200	1300	110
DARK gray rock	X	1310	1600	290

9. WELL CONSTRUCTION				
Depth Drilled	<u>1600</u>	Feet	Depth Cased	<u>1600</u>
HOLE DIAMETER (BIT SIZE)				
	From	To		
<u>1 3/4"</u>	Inches	<u>0</u>	Feet	<u>40</u>
<u>6 1/4"</u>	Inches	<u>40</u>	Feet	<u>825</u>
<u>6 1/2"</u>	Inches	<u>825</u>	Feet	<u>1600</u>
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8"</u>	<u>33</u>	<u>0.375</u>	<u>0</u>	<u>40</u>
<u>2"</u>	<u>PVC</u>	<u>Sch. 80</u>	<u>0</u>	<u>1600</u>

Perforations:
Type of perforation Slotted
Size of perforation 0.020

From 1500 feet to 1600 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 63 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 1490 to 1600 Pumped Poured
Type: 1/4" Supreme

Bentonite Chips: Yes No 63 to 1490 Pumped Poured
Type: EDGESEAL #8 3/4 hole plug

Date started: 2-27 : 20 07
Date completed: 3-11 : 20 07

7. Water Level
Static water level: 524' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool °F
Quality: Good

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Eklund Drilling Co. Contractor
Address Po 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 2318
Signed John M. O'Brien
By driller performing actual drilling on site or contractor
Date 3-29-07

8. WELL TEST DATA			
TEST METHOD	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Dell pipe</u>	<u>157</u>		