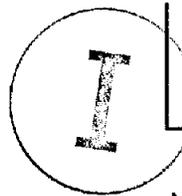


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY: 105558

Log No. _____
Permit No. _____
Basin 066

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. 61289

1. OWNER Barrick Gold Exploration
MAILING ADDRESS 293 Spruce Road
Eiko, NV 89801

ADDRESS AT WELL LOCATION 19 miles NE of Golconda, NV
Hole #RPZ3S

Subdivision Name: _____ County: Humboldt

2. LOCATION NE 1/4 SE 1/4 Sec 33 T 38N N/S R 42 E
Latitude 41.124661 UTM E 479540.12 NAD 27
Permit/Waiver No. NEV2005102 Longitude 117.243729 N 4552412.23 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 Monitor Stock
 Municipal/Industrial

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Alluvium		0	140	140
Piezometer				
32 Bags of #8 Sand 50lb each				
2 Bags of 3/8 chips 50 lb each				
17 Bags of cement 94 lb each				

9. WELL CONSTRUCTION

Depth Drilled 140 Feet Depth Cased 138 ~~140~~ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
8 3/4 Inches	0	20
5 7/8 Inches	20	140

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1	Nominal	Sch. 80	+2	138

Perforations:

Type of perforation Slotted
Size of perforation 0.02

From 58 feet to 138 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 55 to 140 Pumped Poured
Type: #8 Sand

Bentonite Chips: Yes No 50 to 55 Pumped Poured
Type: 3/8" hole plug

Date started: 25-Jan . 20 08
Date completed: 25-Jan . 20 08

7. Water Level
Static water level: Dry feet below land surface
Artesian Flow: No G.P.M. N/A P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
N/A			

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 Company, Inc.
Contractor

Address PO Box 2748
Contractor

Eiko, 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 M-2260

Signed Deese School
By driller performing actual drilling on site or contractor

Date 1/25/2008