

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

OFFICE USE ONLY **107793**

Log No. _____
 Permit No. _____
 Basin **866**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **63048**

1. OWNER **Barrick Pinson Mine** **BPW-4** ADDRESS AT WELL LOCATION **Pinson Mine, north of Golconda, NV**
 MAILING ADDRESS **HC66, Box 2**
Golconda, NV 89414 **Subdivision Name: NA** **County: Humboldt**

2. LOCATION **NW¼NW¼ Sec33T38N/ R42E** Latitude **41.132227** UTM E **478540** **NAD 27**
 PERMIT/WAIVER NO. **57887** **NA** Longitude **117.255672** N **4553255** **NAD 83/WGS 84**
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial Other

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Flooded Reverse**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Alluvium		0'	80'	80'
Black Shale		80'	100'	20'
Alluvium		100'	120'	20'
Gray, Black Shale		120'	160'	40'
Gray Shale w/Clay		160'	180'	20'
Black Shale		180'	240'	60'
Black Shale w/Mixed Clay		240'	340'	100'
No Returns		340'	360'	20'
Black Shale		360'	760'	400'
Conglomerate with Black/White Shale		760'	1000'	240'
Conglomerate with Light Gray and Black Shale		1000'	1400'	400'

9. WELL CONSTRUCTION

Depth Drilled **1400** Feet Depth Cased **1390** Feet

HOLE DIAMETER (BIT SIZE)

From	To
38.00 Inches	0 Feet 123 Feet
28.00 Inches	123 Feet 1400 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
30.00	118.65	.375	0	123
18.00	61.33	.3125	+2	1390

Perforations:

Type of perforation **Louvered**
 Size of perforation **.125**

From **540** feet to **1380** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0' to 120' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 400' to 1400' Pumped Poured
 Type: **1/2 x 3/8 SRI**

Bentonite Chips: Yes No 120' to 400' Pumped Poured
 Type: **3/8 Hole Plug**

Date started: **02-Oct**, 20 **08**
 Date completed: **05-Nov**, 20 **08**

7. Water Level

Static water level: **389** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: **Good**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	Draw Down		
G.P.M./In (Feet Below Static)	400	49	3.3
Time (Hours)	12:11W 11 AON 002		
	RECEIVED		

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Boart Longyear Drilling Services**
(CONTRACTOR)

Address **P.O. Box 5279**
(CONTRACTOR)
Elko, NV 89802

Nevada contractor's license number issued by the State Contractor's Board **0021976**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2337**

Signed _____
 By driller performing actual drilling on site or contractor

Date **10-Nov-08**