

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

OFFICE USE ONLY
 Log No. 120220
 Permit No. 58354
 Basin del

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. 70641

1. OWNER **Barrick Goldstrike Mines Inc.** MW-1 ADDRESS AT WELL LOCATION **Goldstrike Mine Site, North of Carlin, NV**
 MAILING ADDRESS **P.O Box 29 Eiko, NV. 89803** **Subdivision Name:** _____ **County:** **Eureka**

2. LOCATION **NW¼NE¼ Sec13T36N/ R49E** Latitude _____ UTM E **551889** NAD 27
 PERMIT/WAIVER NO. **58354** Longitude _____ N **4539133** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Limestone Gray		2252	3167	915
18" Casing was backed off in hole				
<i>deepens well log 44750</i>				
<i>Handwritten notes and stamps</i>				

9. WELL CONSTRUCTION

Depth Drilled **3167** Feet Depth Cased **3167** Feet

HOLE DIAMETER (BIT SIZE)
 From **22** Inches **2252** Feet To **3167** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
18	70.59	.375	2002	3167

Perforations:
 Type of perforation **Full Flo**
 Size of perforation **.125**
 From **2002** feet to **3167** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **1934** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **130** °F
 Quality: **Fair, Murky**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.	200	N/A	10

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** (CONTRACTOR)
 Address **2745 California Ave.** (CONTRACTOR)
SLC., UT. 84104
 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 **2308**

Signed _____
 By driller performing actual drilling on site or contractor
 Date **May 28, 2014**