

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

OFFICE USE ONLY
 Log No. 121948
 Permit No. 504410T
 Basin 061

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. 71299

1. OWNER **Barrick Goldstrike Mines**
 MAILING ADDRESS **PO Box 29 Elko, NV 89803**

ADDRESS AT WELL LOCATION **ASW-1**

2. LOCATION **NW¼SE¼ Sec35T37N/ R49E**

Subdivision Name: **NIA** County: **Elko**

PERMIT/WAIVER NO. **84410T** Parcel No. **N/A**
Issued by Water Resources

Latitude **41.03955** UTM E **4** NAD 27
 Longitude **116.4059** N **6** NAD 83/WGS 84

3. WORK 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

9. WELL CONSTRUCTION

Material	Water Strata	From	To	Thickness
Boulders		0	25	25
Sand/gravel		25	32	7
Boulders		32	51	19
Clay		51	60	9
Gravel w/Clay		60	90	30
Clay		90	110	20
Cobbles		110	142	32
CMT rock		142	150	8
Clay w/gravel		150	180	30
sticky clay		180	215	35
Cobbles/gravel		215	235	20
Clay w/rock		235	285	50
Clay		285	295	10
Gravel	X	295	302	7
Rock ledge		302	320	18
Clay w/fines	X	320	365	45
Sand	X	365	381	16
Clay		381	400	19

Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet **400** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	10	.188	+18"	400

Perforations:
 Type of perforation **Factory Cut**
 Size of perforation **3/32X4**
 From **240** feet to **400** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **4** to **50** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **100** to **400** Pumped Poured
 Type: _____
 Bentonite Chips: Yes No **50** to **100** Pumped Poured
 Type: _____

Date started: **January 8, 20 15**
 Date completed: **January 20, 20 15**

7. Water Level
209
 Static water level: _____ feet below land surface
 Artesian Flow: **N/A** G.P.M. **N/A** 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 **Fred Anderson Drilling, Inc.**
(CONTRACTOR)

8. WELL TEST DATA

Address **10760 S. Grass Valley Road**
(CONTRACTOR)
Winnemucca, NV 89445

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	15		7

Nevada contractor's license number issued by the State Contractor's Board **021467**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2083**

Signed **Chris [Signature]** **2-20-15**
 By driller performing actual drilling on site or contractor