Corrected

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

OFFICE USE ONLY
Log No. 123914
Permit No.
Basin 061

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

Well ID: MW-3A

NOTICE OF INTENT NO. 73720

1. OWNER Barrick Goldstrike Mines Inc.
MAILING ADDRESS P. O. Box 29 Elko NV. 89803

ADDRESS AT WELL LOCATION Arturo
Subdivision Name: County: Eureka

2. LOCATION NW ¼ SW ¼ Sec 2 T 36 N N/S R 49 E
PERMIT/WAIVER No. MO-2034 Hole# MW-3-A
Issued by Water Resources Parcel No.

Latitude
Longitude
UTM E 549413.263 ☑ NAD 27
N 4541515.15 ☐ NAD 83/WGS 84

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	Thickness
Aluvium clay some gravel		0'	20'	102'
		0	18	

NAD 27
41.025256
116.412250

Date started: 11-22, 20 15
Date completed: 11-22, 20 15

9. WELL CONSTRUCTION
Depth Drilled 102' Feet Depth Cased 102' Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
143/4	Inches	0	Feet	20	Feet
81/2	Inches	20	Feet	102	Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
41/2		Sec. 80	+2'	102'

Perforations:
Type of perforation Machine
Size of perforation .020
From 22' feet to 102' feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☑ Yes ☐ No

☑ Neat Cement	0' to 20'	☐ Pumped	☑ Poured
☑ Cement Grout	0 to 18	☐ Pumped	☐ Poured
☐ Concrete Grout	to	☐ Pumped	☐ Poured
☐ ≥30% Bentonite Grout	to	☐ Pumped	☐ Poured

Gravel Pack: ☑ Yes ☐ No 20' to 102' ☑ Pumped ☐ Poured
Type: 10-20 sand
Bentonite Chips: ☑ Yes ☐ No to ☐ Pumped ☑ Poured
Type: 3/8 from 18' -20'

7. Water Level
Static water level: feet below land surface
Artesian Flow: G.P.M. 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)
	Dry hole	

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 Nevada
Contractor
Address PO Box 2748
Contractor
Elko, NV 89803
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* 1395
Signed
By driller performing actual drilling on site or contractor
Date 11/22/15

USE ADDITIONAL SHEETS IF NECESSARY

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Subdivision Name: County: Eureka

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PERMIT/WAIVER No. MO-2034 Hole# MW-3-A
Issued by Water Resources Parcel No.

Latitude
Longitude
UTM E 549415 ☑ NAD 27
N 4541528 ☐ NAD 83/WGS 84

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	Thickness
Aluvium clay some gravel		0'	102'	102'

NAD 27
41.025372
116.412228

Date started: 11-22 , 20 15
Date completed: 11-22 , 20 15

7. Water Level
Static water level: feet below land surface
Artesian Flow: G.P.M. 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)
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Depth Drilled 102' Feet Depth Cased 102' Feet

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	Inches		Feet		Feet

CASING SCHEDULE

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Size of perforation .020
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From feet to feet
From feet to feet

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This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Boart Longyear Nevada (Contractor)
Address PO Box 2748 (Contractor)
Elko, NV 89803
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 1395
Signed (By driller performing actual drilling on site or contractor)
Date 11/22/15

RECEIVED 2015 NOV 30 AM 10:05 DIVISION OF WATER RESOURCES

USE ADDITIONAL SHEETS IF NECESSARY