

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

OFFICE USE ONLY
Log No. 124124
Permit No. 34944
Basin No. 053

PRINT OR TYPE IN BLACK INK 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. 74270
WELL NAME (if applicable): #2

1. OWNER/CLIENT NAME Barrick Gold Mine-Hay Ranch
MAILING ADDRESS P.O. Box 29
Eiko, NV 89803

DETAILED ADDRESS AT WELL LOCATION Pine Valley
Subdivision Name: _____ County: Eureka

2. PLS LOCATION NE ¼ NE ¼ 17 Sec 29 N/S 52 E
PERMIT/WAIVER NO. 34944
Issued by Water Resources Current Parcel No.

Latitude 40.40051 UTM E NAD 27
Longitude -116.12628 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Brown Clay			0	25
Gravel/Cobbles			25	53
Green Clay			53	59
Gray Clay			59	147
Green Sand			147	151
Sand/Gravel		X	151	205
Gray Clay			205	295
Brown Clay w/Gravel Streaks		X	295	375
Gravel			375	400
Brown Clay			400	505
Gravel/Cobbles		X	505	520
Brown Clay/Gravel		X	520	600

NAD 27
40.400589°N
116.126375°W

9. INSTRUCTION
Depth Drilled: 600 Feet Depth Cased: 600 Feet

HOLE DIAMETER (BIT SIZE)

From	To
36 Inches	0 Feet
24 Inches	40 Feet
	600 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	53.32	.312	+2	600

ANNULAR MATERIALS
Sanitary Seal x Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>100</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>100</u> to <u>600</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

PERFORATIONS:

Type of perforation: Mill Cut

Size of perforation: 0.09

From <u>160</u> Feet	To <u>200</u> Feet
From <u>280</u> Feet	To <u>400</u> Feet
From <u>440</u> Feet	To <u>520</u> Feet
From <u>560</u> Feet	To <u>600</u> Feet

Date started: 12-Oct .20 15
Date completed: 18-Nov .20 15

7. WATER QUALITIES
Static water level: 40 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>1400</u>	<u>167</u>	<u>24</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name Parsons Drilling, Inc. Contractor
Address P.O. Box 1265 Fallon, NV 89406 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 29064

Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1753

Signed: Wayne Parsons
By (for performing) _____ on site or contractor
Date: 11/25/2015

RECEIVED
NOV 25 2015
NVDWRS OFFICE

Replaces Well log 88301