



**WELL DRILLER'S REPORT**

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. \_\_\_\_\_

1. OWNER NEWMONT GOLD COMPANY ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS P.O. Box 669 \_\_\_\_\_  
Carlin, NV 89822 \_\_\_\_\_  
 2. LOCATION 1/4 Sec. T N/S R. E Eureka County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources \_\_\_\_\_ Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. TYPE OF WORK	4. PROPOSED USE	5. TYPE WELL
New Well <input type="checkbox"/> Recondition <input type="checkbox"/>	Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/>	Cable <input type="checkbox"/> Rotary <input type="checkbox"/>
Deepen <input type="checkbox"/> Other <input type="checkbox"/>	Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/>	Other <input type="checkbox"/>

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Abandon Monitor Wells				
#2 NE, NE, SEC 10, T 33N, R 51E Drilled out PVC casing and pumped full of grout 60' # 32775				
#3 NE, NE, SEC 10, T 33N, R 51E Drilled out PVC casing and pumped full of grout 60' # 32776				
#4 SW, SW, SEC 2, T 33N, R 51E Perforated casing from 320' to surface and pumped full of grout 320' # 32777				
#5 SW, SW, SEC 2, T 33N, R 51E Perforated casing from 320' to surface and pumped full of grout 320' # 32778				

8. WELL CONSTRUCTION

Diameter \_\_\_\_\_ inches Total depth \_\_\_\_\_ feet  
 \_\_\_\_\_ inches  
 \_\_\_\_\_ inches

Casing record \_\_\_\_\_  
 Weight per foot \_\_\_\_\_ Thickness \_\_\_\_\_

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes  No  Type \_\_\_\_\_  
 Depth of seal \_\_\_\_\_ feet  
 Gravel packed: Yes  No   
 Gravel packed from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_

From	To
_____ feet to	_____ feet

Date started October 23, 1989  
 Date completed October 27, 1989

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface  
 Flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

10. DRILLER'S CERTIFICATION

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

Name HACKWORTH DRILLING, INC.  
 Contractor  
 Address P.O. Box 850 Elko, NV 89801  
 Contractor

Nevada contractor's license number issued by the State Contractor's Board 020582  
 Nevada contractor's driller's number issued by the Division of Water Resources 1166  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1120  
 Signed Markus Blad  
 By driller performing actual drilling on site or contractor  
 Date 19 Dec 89

BAILER TEST

G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 C.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours