

OFFICE USE ONLY
 Log No. 32778
 Permit No. 4-51
 Basin 4-51

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. _____

1. OWNER NEWMONT GOLD COMPANY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 669
Carlin, NV 89822
 2. LOCATION SW 1/4 SW 1/4 Sec. 2 T 33 N 51 E Eureka County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

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' # <u>32775</u>				
#3 NE, NE, SEC 10, T 33N, R 51E Drilled out PVC casing and pumped full of grout 60' # <u>32776</u>				
#4 SW, SW, SEC 2, T 33N, R 51E Perforated casing from 320' to surface and pumped full of grout 320' # <u>32777</u>				
#5 SW, SW, SEC 2, T 33N, R 51E Perforated casing from 320' to surface and pumped full of grout 320' # <u>32778</u>				

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 _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ 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

BAILER TEST

G.P.M. _____ Draw down _____ feet _____ hours
 C.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

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 Volcanus [Signature]
 By driller performing actual drilling on site or contractor
 Date 19 Dec 89