

OFFICE USE ONLY
 Log No. 34350
 Permit No. _____
 Basin 4-61

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 13903

1. OWNER Barrick Goldstrike Mines, Inc. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 29 10550 N 14030 E
Elko, NV 89801
 2. LOCATION SE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 19 T 36 N S R. 50 E Eureka County
 PERMIT NO. M-0278 PZ90-5 & 6
Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK PROPOSED USE 5. TYPE WELL
 New Well Recondition 4 Monitor Domestic Irrigation Test Cable Rotary
 Deepen Other Municipal Industrial Stock Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gravel & broken rock		0	121	121
Rock & sandy clay	x	121	388	267
Jasperoid & broken rock	x	388	495	107
(Hole filled to 495')				
Cement		0	50	50
Bentonite		50	140	90
Sand		140	151	11
Sand pack		151	231	80
Bentonite		231	390	159
Sand pack		390	495	105

8. WELL CONSTRUCTION
 Diameter 6" inches Total depth 495 feet
 _____ inches
 _____ inches
 Casing record 1" steel
 Weight per foot _____ Thickness 1/8"

Diameter	From	To
<u>1"</u> inches	<u>+3</u> feet	<u>495</u> feet
<u>1"</u> inches	<u>+3</u> feet	<u>231</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type _____
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 495 feet to 400 feet
231' to 151'
 Perforations:
 Type perforation torch & grinder
 Size perforation 1/8"
 From 495 feet to 441 feet
 From 231 feet to 151 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Date started August 15, 1990
 Date completed August 23, 1990

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

9. WATER LEVEL
 Static water level 121 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 Elsing Drilling & Pump Co., Inc.
Contractor
 Address P.O. Box 919; Twin Falls, ID 83303-0919
Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0017177
 Nevada contractor's driller's number issued by the Division of Water Resources 1295
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1295T-1
 Signed Arnold Elsing
By driller performing actual drilling on site or contractor
 Date September 6, 1990