

OFFICE USE ONLY
 Log No. 34827
 Permit No. _____
 Basin 4-51

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 11914

1. OWNER Newmont Gold Corp. ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS P.O. Box 669 GQC-290
Carlin, Nv. 89822
 2. LOCATION SW 1/4 SW 36 T. 34 R. 51 E. Cureka County
 PERMIT NO. MO 246 Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill	no	0	18	18
Gravel	no	18	27	9
silt (water @ 60')		27	72	
Bentonite on bottom from 75' to 72'				

8. WELL CONSTRUCTION
 Diameter 1 1/2 inches Total depth 75' feet
 Casing record 4" P.V.C.
 Weight per foot 2.06 lbs Thickness .237"
 Diameter 4 inches From 0 feet To 72' feet
 Surface seal: Yes No Type Cement
 Depth of seal 20 feet
 Gravel packed: Yes No
 Gravel packed from 72' feet to 59' feet
 Perforations:
 Type perforation SLOTS
 Size perforation .020
 From 72' feet to 62' feet
 From _____ feet to _____ feet

Date started 90/36, 1990
 Date completed 7/26, 1990

9. WATER LEVEL
 Static water level 59 feet below land surface
 Flow N/A G.P.M. N/A P.S.I.
 Water temperature Cool °F Quality Clear

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>N/A</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Gustin Corp Contractor
 Address Box 844 Ely Nv. 89501 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0022193
 Nevada contractor's driller's number issued by the Division of Water Resources _____
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 1671
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7/28/90

BAILER TEST
 G.P.M. N/A Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours