

OFFICE USE ONLY
 Log No. 41624
 Permit No. _____
 Basin 4-061

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 19860

1. OWNER Barrick Goldstrike Mines Inc ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 79
ELKO NV 89801
 2. LOCATION NW 1/4 NW 1/4 Sec 29 T. 36 N 50 E Eureka County
 PERMIT NO. 57300-T EW-1 Subdivision Name _____
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Fill</u>		<u>0</u>	<u>10</u>	
<u>Clay with fine sand</u>		<u>10</u>	<u>135</u>	
<u>Clay/Fine Sand/Rocks</u>		<u>135</u>	<u>200</u>	
<u>Clay w/some sand</u>		<u>200</u>	<u>270</u>	
<u>Clay Sand Boulders</u>		<u>270</u>	<u>440</u>	
<u>little Clay, Sand, Rocks</u>		<u>440</u>	<u>500</u>	

8. WELL CONSTRUCTION
 Depth Drilled 452 Feet Depth Cased 440 Feet
 HOLE DIAMETER (BIT SIZE)
 From 17 1/2 Inches 80 Feet To 452 Feet
 From 36 Inches 0 Feet To 80 Feet
 From _____ Inches _____ Feet To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>24</u>	<u>94.62</u>	<u>.375</u>	<u>0</u>	<u>78</u>
<u>12</u>	<u>49.56</u>	<u>.375</u>	<u>0</u>	<u>440</u>

Perforations:
 Type perforation Roscoe Moss Lower
 Size perforation .125 Standard Lower
 From 320 feet to 440 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 78 FT Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 452 feet to 51 feet

9. WATER LEVEL
 Static water level 147 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 2/3, 1993
 Date completed 2/10, 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>400</u>	<u>108</u>	<u>22</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Layne-Western Co. Contractor
 Address 12030 E. Riggs Rd
Chandler AZ 85249
 Nevada contractor's license number issued by the State Contractor's Board 889
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1616
 Signed Scott Campbell
 By driller performing actual drilling on site or contractor
 Date 4/15/93