

OFFICE USE ONLY
 Log No. 22648
 Permit No. 1-51
 Basin FLKO

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 24946

PRINT OR TYPE ONLY

1. OWNER Newmont Gold Corp. ADDRESS AT WELL LOCATION Coyote Creek
 MAILING ADDRESS P.O. Box 669
Carlin, Nev 89822
 2. LOCATION SW 1/4 NW 1/4 Sec 6 T. 35 N. R. 52 E FLKO County
 PERMIT NO. M/D-184K 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 Other

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
alluvium		0	30	30
alluvium w some clay	yes	30	90	60
alluvium	yes	90	110	20

193 AUG 30 P 2:57
 STATE ENGINEERING

8. WELL CONSTRUCTION
 Diameter 5 3/4 inches Total depth 110 feet
 Casing record 1 1/4 inches
 Weight per foot 1.5 Thickness 1/8
 Diameter 1 1/4 inches From 0 feet To 110 feet
 Surface seal: Yes No Type Neat cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 95 feet to 110 feet
 Perforations:
 Type perforation 1 1/2" 1/64
 Size perforation 1/16"
 From 105 feet to 110 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 30 feet below land surface
 Flow NO G.P.M. _____ P.S.I.
 Water temperature 60°F Quality FAK

Date started 8-4 1993
 Date completed 8-6 1993

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>1000</u>	<u>16</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 P.O. Box 894 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 002219J
 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 1623
 Signed Robert T. Hunt
 By driller performing actual drilling on site or contractor
 Date 8-6-93

BAILER TEST

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