

OFFICE USE ONLY  
 Log No. 47049  
 Permit No. 051  
 Basin. 051  
 NOTICE OF INTENT NO. 22148

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

1. OWNER Newmont Gold Co ADDRESS AT WELL LOCATION CRDW-9  
 MAILING ADDRESS Box 669  
CAPLOW NV 89822  
 2. LOCATION NE 1/4 NW 1/4 Sec 2 T 33 S R 5' E County ESURKA  
 PERMIT NO. 56751-T Issued by Water Resources Parcel No. Subdivision Name

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	Thick-ness
<u>Plugging</u>				
<u>Ripped casing</u>				
<u>Circulated 9 Pound</u>				
<u>60 Sec Bentonite Fluid</u>				
<u>From Bottom to Top</u>				
<u>Bailed Bentonite Fluid</u>				
<u>down to 54'</u>				
<u>Set Plug at 56'</u>				
<u>Cemented from 56'</u>				
<u>To Surface</u>				

8. WELL CONSTRUCTION  
 Depth Drilled.....Feet Depth Cased.....Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
 .....Inches.....Feet.....Feet  
 .....Inches.....Feet.....Feet  
 .....Inches.....Feet.....Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	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  
 From.....feet to.....feet  
 Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal.....  
 Placement Method:  Pumped  
 Poured  
 Gravel Packed:  Yes  No  
 From.....feet to.....feet

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

Date started 2-3 1995  
 Date completed 2-8 1995

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name AAA Drilling Contractor  
 Address Box 2487 Contractor  
Elko NV 89801  
 Nevada contractor's license number issued by the State Contractor's Board 20684  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 7  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 2-27-95