

OFFICE USE ONLY
 Log No. 64-999
 Permit No. 050
 Basin. I
 NOTICE OF INTENT NO. 20884

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 Company ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 669 _____
Carlin, NV 89822 GQP-58
 2. LOCATION SW 1/4 SE 1/4 Sec. 13 T. 33 NS R. 52 E Elko County
 PERMIT NO. M/O 184-W 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
Carlin formation				
sand & gravel	x	0	1140	1140
Solid gray & green rock		1140	1335	195
Red clay & gravel	x	1335	1360	25
Cement		0	1335	
Cement basket		1335		
Cement basket		1360		

8. WELL CONSTRUCTION
 Depth Drilled 1360 Feet Depth Cased 1360 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
17 1/2 Inches 0 Feet 20 Feet
12 1/2 Inches 20 Feet 1150 Feet
10-5/8 Inches 1150 Feet 1250 Feet
 7-7/8 1250 CASING SCHEDULE 1360

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12 1/2	25.22	.188	+1	20
2-3/8	5.02	Sch. 80	+2	1360

 Perforations:
 Type perforation Stainless screen
 Size perforation Sch. 80
 From 1340 feet to 1360 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 18 ft. Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 9-24, 1996
 Date completed 10-12, 1996

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)	

9. WATER LEVEL
 Static water level 18 feet below land surface
 Artesian 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 N Contractor
Twin Falls, ID 83303-0059
 Nevada contractor's license number 0017177
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 945
 Division of Water Resources, the on-site driller
 Signed Arnold Elsing
 By driller performing actual drilling on site or contractor
 Date November 8, 1996