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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. 20885

1. OWNER Newmont Gold Company ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 669 _____
Carlin, NV 89822 GQP-58A
 2. LOCATION SW $\frac{1}{4}$ SE $\frac{1}{4}$ 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 Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Topsoil		0	5	5
Carlin formation		5	895	890
Blue clay		895	1060	165
Brown & red rock		1060	1080	20
Brown & gray rock with blue clay		1080	1105	25
Brown & gray rock		1105	1255	150
Brown & red rock with red clay		1255	1360	105
Brown & red rock	x	1360	1380	20
Filled in		1380	1375	
Cement		0	1335	
Cement basket		1335		
Cement basket		1355		

8. WELL CONSTRUCTION
 Depth Drilled 1380 Feet Depth Cased 1375 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
14 Inches 0 Feet 20 Feet
8-3/4 Inches 20 Feet 1080 Feet
7-7/8 Inches 1080 Feet 1380 Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10	28.04	.250	+1	20
2-3/8	5.02	Sch. 80	+2	1375

Perforations:
 Type perforation Stainless Screen
 Size perforation Sch. 80
 From 1355 feet to 1375 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 1335
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 10-12, 19 96
 Date completed 10-21, 19 96

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level Flowing feet below land surface
 Artesian flow 25 G.P.M. 8 P.S.I.
 Water temperature 98 °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 Division of Water Resources, the on-site driller 945
 Signed Arnold Elsing
 By driller performing actual drilling on site or contractor
 Date November 11, 1996