



Log No. 65922

Permit No. 061

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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. 18874

1. OWNER BARRICK GOLDSTRIKE MINES, INC. ADDRESS AT WELL LOCATION BARRICK GOLDSTRIKE MINE SITE
MAILING ADDRESS P.O. BOX 29
ELKO, NV 89803

2. LOCATION NW 1/4 NE 1/4 Sec 30 T 36 N S R 49 E EUREKA County
PERMIT NO MO 441 Issued by Water Resources Parcel No. N/A Subdivision Name N/A

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
FILL	0	0	8	8
GRANADIARITE	37	8	615	607
BLACK & GREEN ROCK	43	615	660	45
GRANADIARITE	50	660	780	120
BLACK & GRAY ROCK	60	780	900	120
GRANADIARITE	73	900	1200	300

8. WELL CONSTRUCTION
Depth Drilled 1,200 Feet Depth Cased 930 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>6 1/2</u> Inches <u>20</u> Feet	<u>460</u> Feet
<u>6 1/2</u> Inches <u>460</u> Feet	<u>1200</u> Feet
<u>8 3/4</u> Inches <u>0</u> Feet	<u>20</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1.660</u>	<u>3.00</u>	<u>.191</u>	<u>+2</u>	<u>930</u>
<u>1.660</u>	<u>3.00</u>	<u>.191</u>	<u>+2</u>	<u>500</u>

Perforations:
Type perforation DRILLED
Size perforation
From 910 feet to 930 feet
From 480 feet to 500 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From DEEP 990-940 feet to SHALLOW 460- feet 510

9. WATER LEVEL
Static water level D-571 S-407 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature COOL °F Quality GOOD

Date started APRIL 12, 19 97
Date completed APRIL 20, 19 97

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name LANG EXPLORATORY DRILLING Contractor
Address P.O. BOX 5279 Contractor
ELKO, NV 89802

Nevada contractor's license number issued by the State Contractor's Board 0021976
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1939

Signed KEVIN ELLISON *Kevin Ellison*
By driller performing actual drilling on site or contractor
Date APRIL 20, 1997