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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. 35947

1. OWNER Newmont Gold ADDRESS AT WELL LOCATION Indian Creek Area - Newmont Wth. Area
MAILING ADDRESS PO Box 669
Carlin NV 89822-0669

2. LOCATION SF 1/4 SF 1/4 Sec 30 T 36 N/S R 51 E Eureka County
PERMIT NO. M/10-1109 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>Carlin formation -</u>	<u>535'</u>	<u>0</u>	<u>1485'</u>	<u>1435'</u>
<u>Siltstone</u>		<u>1435'</u>	<u>1600'</u>	<u>165'</u>
<u>gray clay + siltstone</u>		<u>1600'</u>	<u>2000'</u>	<u>400'</u>
<u>limestone + bin. sands</u>		<u>2000'</u>	<u>2210'</u>	<u>210'</u>
<u>Chert</u>		<u>2210'</u>	<u>2400'</u>	<u>190'</u>
<u>Limestone</u>		<u>2400'</u>	<u>2435'</u>	<u>35'</u>

8. WELL CONSTRUCTION
Depth Drilled 2435' Feet Depth Cased 2420' Feet

HOLE DIAMETER (BIT SIZE)
From To
7 7/8 Inches 100' Feet 2435' Feet
12 Inches 0' Feet 100' Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>33</u>	<u>.025</u>	<u>0</u>	<u>100</u>
<u>2</u>	<u>5.5</u>	<u>.23</u>	<u>0</u>	<u>2400'</u>

Perforations:
Type perforation mill slot
Size perforation 1/8"
From 2400 feet to 2420 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 2370' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 480 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 2-27 1997
Date completed 7-22 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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 Steven Boas Sheridan McChord Contractor
Address HC-30 Box 102 Contractor
EKO NV 89801
Nevada contractor's license number issued by the State Contractor's Board 0026661
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1631
Signed Sheridan McChord
By driller performing actual drilling on site or contractor
Date 8-15-97