

OFFICE USE ONLY
 Log No. 72354
 Permit No. 61
 Basin 61
 NOTICE OF INTENT NO. 39530

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Drilling of well completed

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **BARRICK GOLDSTRIKE** ADDRESS AT WELL LOCATION **PZ95-3 BARRICK MINE SITE**
 MAILING ADDRESS **P.O. BOX 29 ELKO, NV 89803**

2. LOCATION **SE 1/4 SE 1/4 Sec 19 T 36 N/S R 50 E EUREKA** County
 PERMIT NO. M10-278 **N/A** 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	Thickness
BOTH TUBE DRY				
PZ95-3U: (4.5 CU. FT. OF CEMENT USED)				
PZ95-3L: (9 CU. FT. OF CEMENT USED)				
See next line		418	+2	420
PZ95-3U: PUMPED CEMENT FROM SURFACE TO T.D.				
See next line		883	+2	885
PZ95-3L: PUMPED CEMENT FROM SURFACE TO T.D.				

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)
8.0	28.5	.322	0	20
1.25	2.25	.140	0	418
1.25	2.25	.140	0	883

Perforations:
 Type perforation **DRILLED**
 Size perforation **.125**

From **358** feet to **418** feet
 From **783** feet to **883** 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

Date started 7/18/98, 19____
 Date completed 7/18/98, 19____

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 Dry 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 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 1410
 Signed John K. [Signature]
 By driller performing actual drilling on-site or contractor
 Date 7/18/98

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 ELKO, NV 89802
 750 W. MAIN ST.
 ELKO, NV 89802