

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

NOTICE OF INTENT NO. 40736

1. OWNER Newmont Gold Co ADDRESS AT WELL LOCATION Home Tree Tailings Dam  
 MAILING ADDRESS 861 West 6th Street Winnemucca NV 89445  
 2. LOCATION W 1/4 NW 1/4 Sec. 23 T 34 N S R 42 E Humboldt County  
 PERMIT NO. \_\_\_\_\_ 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	Thickness
<u>Overburden</u>		<u>0</u>	<u>137</u>	<u>137</u>
<u>#8 Sand 50 Bags</u>		<u>7</u>	<u>136</u>	<u>129</u>
<u>Envelope Course 3 Bags</u>		<u>2</u>	<u>7</u>	<u>5</u>
<u>Cement 1 Bag</u>		<u>0</u>	<u>2</u>	<u>2</u>

8. WELL CONSTRUCTION  
 Depth Drilled 137 Feet Depth Cased 136 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
1 1/2 Inches 0 Feet 6 1/2 Feet  
6 3/4 Inches 6 1/2 Feet 137 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>1/4</u>	<u>+3</u>	<u>2</u>
<u>2 1/2</u>	<u>PVC</u>	<u>5/8</u>	<u>+3</u>	<u>136</u>

Perforations:  
 Type perforation Horizontal Slot  
 Size perforation .020  
 From 116 feet to 136 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 2'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 7' feet to 136' feet

9. WATER LEVEL  
 Static water level None feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10-7, 1999  
 Date completed 10-7, 1999

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)

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Eklund Drilling Co Contractor  
 Address P.O. Box 2748 Elko NV 89803 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 0030823  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1879  
 Signed Bruce Cliff  
 By driller performing actual drilling on site or contractor  
 Date 10-7-99