

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 78744
 Permit No. 6
 Basin 6

NOTICE OF INTENT NO. 42853

1. OWNER BARRICK GOLDSTRIKE ADDRESS AT WELL LOCATION BARRICK GOLDSTRIKE
 MAILING ADDRESS P.O. BOX 29 MINESITE, NORTH OF CARLIN, NV
ELKO, NV 89803

2. LOCATION SE 1/4 SW 1/4 Sec. 19 T 36 N3 R 50 E EUREKA County
 PERMIT NO. N/A 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
ABANDONED BY PUMPING NEAT CEMENT FROM T.D. TO SURFACE				
1: USED 15 CU.FT. OF CEMENT				
2: USED 12 CU.FT. OF CEMENT				
CONSTRUCTION DETAIL				
CEMENT		0	50	
HOLE PLUG		50	135	
CEMENT		135	160	
HOLE PLUG		160	165	
GRAVEL PACK		165	215	
CEMENT		215	223	
HOLE PLUG		223	225	
GRAVEL PACK		225	275	
HOLE PLUG		275	290	

8. WELL CONSTRUCTION
 Depth Drilled 290 Feet Depth Cased 270 Feet
 HOLE DIAMETER (BIT SIZE)

From	To
14.75 Inches	0 Feet 80 Feet
8.889 Inches	80 Feet 290 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.75	40.48	0.375	0	80
1: 2.375	3.65	0.154	+3	270
2: 2.375	3.65	0.154	+3	210

Perforations:
 Type perforation SLOTTED
 Size perforation 0.125"
 From 1: 230 feet to 270 feet
 From 2: 170 feet to 210 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 SEE DETAIL
 From _____ feet to _____ feet

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

Date started 24 AUGUST 1999
 Date completed 24 AUGUST 1999

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			

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 0021976
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2085
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 26 AUGUST 1999