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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. 45069

1. OWNER Newmont Mining Corp ADDRESS AT WELL LOCATION Leona Tree Mine (Rib)
 MAILING ADDRESS P.O. Box 308
Valmy, Nevada 89438

2. LOCATION SE 1/4 SW 1/4 Sec 16 T 34 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>Alluvium</u> <u>gravel, sand, clay</u>		<u>0'</u>	<u>295'</u>	<u>295'</u>
<u>26# 50 Bags #8 sand</u>		<u>225'</u>	<u>295'</u>	<u>70'</u>
<u>47# 50 Bags 3/4 Hole Plug</u>		<u>50'</u>	<u>225'</u>	<u>175'</u>
<u>13# 94 Bags Cement</u>		<u>+3'</u>	<u>50'</u>	<u>53'</u>

8. WELL CONSTRUCTION
 Depth Drilled 295 Feet Depth Cased 295 Feet

HOLE DIAMETER (BIT SIZE)
 From 12" To 2.0"
6" Inches 2.0 Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>		<u>.156</u>	<u>+3</u>	<u>20</u>
<u>1 1/2"</u>	<u>sch 80</u>	<u>PVC</u>	<u>+3</u>	<u>235</u>

Perforations:
 Type perforation Horz slot
 Size perforation .020
 From 235 feet to 295 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 12-50
 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 225 feet to 295 feet

**Plugged by well
 Log 112103**

Date started 7/11 2000
 Date completed 7/12 2000

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Est.</u>	<u>Est-2</u>	<u>N/A</u>	<u>4 1/2 hrs</u>

9. WATER LEVEL
 Static water level 234' feet below land surface
 Artesian flow Non G.P.M. _____ P.S.I. _____
 Water temperature Cold °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 Eklund Drilling Contractor
 Address Box 2748 Contractor
Elko, Nevada 89803
 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 R. Clapp
 By driller performing actual drilling on site or contractor
 Date 7/12/00