

OFFICE USE ONLY
 Log No. 81693
 Permit No. 65
 Basin

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. 45070

1. OWNER Newmont Mining Corp ADDRESS AT WELL LOCATION Lone Tree Mine (R.6)
 MAILING ADDRESS P.O. Box 388
Valmy, Nevada 89438
 2. LOCATION SW 1/4 SW 1/4 Sec 16 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	Thick-ness
<u>Alluvium</u>		<u>0</u>	<u>300</u>	<u>300</u>
<u>Gravel Sand Clay</u>				
<u>Plugged by well log</u> <u>111991</u>				
<u>53- #50 Bags #8 Sand</u>		<u>190</u>	<u>300</u>	<u>110</u>
<u>75- #50 Bags 3/4 Hole Plug</u>		<u>50</u>	<u>190</u>	<u>140</u>
<u>19- #94-Bags Cement</u>		<u>+3</u>	<u>50</u>	<u>53</u>

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased +3-300 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 0 Feet 20 Feet
5 3/4 Inches 20 Feet 300 Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.156</u>	<u>+3</u>	<u>20</u>
<u>1 1/2</u>	<u>PVC</u>	<u>Sch 80</u>	<u>+3</u>	<u>200</u>

Perforations:
 Type perforation Horiz Slot
 Size perforation 0.020
 From 200 feet to 300 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal +3-50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 190 feet to 300 feet

9. WATER LEVEL
 Static water level 212.2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7/14 2000
 Date completed 7/16 2000

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>EST</u>	<u>2</u>	<u>N/A</u>	<u>4 1/2</u>

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 274B 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 Cliff
 By driller performing actual drilling on site or contractor
 Date 7/16/00