

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 82250
 Permit No. _____
 Basin 61

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. VERBAL None



1. OWNER Barrick Goldstrike Mines GWOP-15
 MAILING ADDRESS P.O. Box 29
Elko, NV 89803

ADDRESS AT WELL LOCATION Barrick Goldstrike
minesite, north of Carlin, NV.

2. LOCATION NW 1/4 SE 1/4 Sec. 20 T 36N N/S R 50E 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
No original well driller's report could be located for this well. As a result, a number of original construction details are not given. Also, no intent card was filed for abandoning; the situation was discussed with DWR.				
Well was abandoned by placing hole plug from .D. to 119', and capped with neat cement.				
Quantities Used:				
Cement: 10.5 cu.ft		0	119	119
Hole plug: 2.75 cu.ft.		119	140	21

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 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)
<u>4.5</u>		<u>Sch 80 PVC</u>	<u>+3</u>	<u>140</u>

Perforations:
 Type perforation Slot
 Size perforation _____

From _____	120 feet to	140 feet
From _____	feet to	feet
From _____	feet to	feet
From _____	feet to	feet
From _____	feet to	feet

Surface Seal: Yes No
 Depth of Seal 10'
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From 10 feet to 140 feet

9. WATER LEVEL
 Static water level 120 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12/16/2000, 19____
 Date completed 12/16/2000, 19____

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 89802-5279
 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 1995
 Signed Dupe Jacobo
 By driller performing actual drilling on-site or contractor
 Date 1/2/01

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.		

BST.L