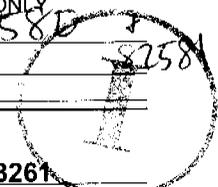


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 82580
 Permit No. 61
 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. **43261**

1. OWNER **Barrick Goldstrike Mines PZ99-13** ADDRESS AT WELL LOCATION **Barrick Goldstrike**
 MAILING ADDRESS **P.O. Box 29** **minesite, north of Carlin, NV.**
Elko, NV 89803

2. LOCATION **NW** 1/4 **SE** 1/4 Sec. **19** 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
Abandoned by pumping neat cement from T.D. to surface.				
Quantities Used:				
#1: 36 cu.ft.				
#2: 20 cu.ft.				
Original Construction Detail:				
Cement		0	50	50
Hole plug		50	491	441
Gravel pack		491	527	36
Hole plug		527	737	210
Gravel pack		737	785	48

8. WELL CONSTRUCTION
 Depth Drilled **785** Feet Depth Cased **784** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
14.75 Inches	0 Feet	37 Feet
9.23 Inches	37 Feet	785 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.75	28.04	0.250	0	37
1: 2.375	3.65	0.154	+1	784
2: 2.375	3.65	0.154	+1	519

Perforations:
 Type perforation **Slotted**
 Size perforation **0.125"**

From	To	feet to	feet
1: 744	784		
2: 499	519		

Surface Seal: Yes No
 Depth of Seal **50'**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **See Detail** feet to _____ feet

9. WATER LEVEL
 Static water level **1: 631.7' 2: Dry** feet below land surface
 Artesian flow **N/A** G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality _____

Date started **10/19/2000**, 19____
 Date completed **10/20/2000**, 19____

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 89802-5279
 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 **1888**
 Signed **David R. Dorist**
 By driller performing actual drilling on-site or contractor
 Date **10/23/00**

B.S.T.L