

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 83803
 Permit No. _____
 Basin _____

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NOTICE OF INTENT NO. 38359

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

1. OWNER Newmont Mining Corp. LK-46
 MAILING ADDRESS P.O. Box 669
Carlin, NV 89822

ADDRESS AT WELL LOCATION Gold Quarry minesite,
about 10 miles NW of Carlin, NV.

2. LOCATION NW 1/4 SW 1/4 Sec. 2 T 33N N/S R 51E E Eureka County
 PERMIT NO. 67303 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 Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Flooded

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Medium gray clay with little rock		0	160	160
Light gray clay		160	205	45
Medium gray clay		205	235	30
Medium brown clay with gray tint		235	240	5
Dark gray clay		240	245	5
Medium gray clay		245	265	20
Light gray clay		265	275	10
Dark gray clay		275	305	30
Dark gray clay with rock		305	405	100
Medium gray clay		405	475	70

Plugged by NRI # 61123
 40.72243871°N
 116.213962°W NAD 27 (TA)

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 WATER RESOURCES OFFICE

* See plugging log # 109098

8. WELL CONSTRUCTION

Depth Drilled 475 Feet Depth Cased 465 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
17.5	0	20	0	20
12.25	20	475	20	475

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
13.375	68.75	0.500	0	20
8.625	22.36	0.250	+2	465

Perforations:
 Type perforation Wire wrap
 Size perforation 0.050"

From 60 feet to 460 feet
 From _____ feet to _____ feet

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 50 feet to 475 feet

9. WATER LEVEL
 Static water level 156.0 feet below land surface
 Artesian flow N/A G.P.M. _____ P.S.I. _____
 Water temperature Cool °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started 5/10/2001, 19____
 Date completed 5/12/2001, 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 checked="" type="checkbox"/> Air Lift	<u>85</u>	<u>266 @ 110'</u>	<u>1 Hour</u>

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 2142

Signed _____
 By driller performing actual drilling on-site or contractor
 Date 5/17/01

B.ST.L