

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

OFFICE USE ONLY
 Log No. 83912
 Permit No. _____
 Basin 061

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. **38368**

Pg 1 of 2

OWNER **Barrick Goldstrike Mines PNB-01-A** ADDRESS AT WELL LOCATION **Barrick Goldstrike minesite, north of Carlin, NV.**
 MAILING ADDRESS **P.O. Box 29 Elko, NV 89803**

2. LOCATION **NE** 1/4 **SW** 1/4 Sec. **17** T **36N** N/S R **50E** E **Eureka** County
 PERMIT NO. **N/A** 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	Thickness
Coarse fill		0	15	15
Fine gravel		15	65	50
Brown silt, minor clay		65	155	90
Construction Detail:				
Cement		0	10	10
Hole plug		10	76	66
Transducer			81	
Gravel pack		76	82	6
Hole plug		82	84	2
Gravel pack		84	104	20
Hole plug		104	134	30
Gravel pack		134	155	21

8. WELL CONSTRUCTION
 Depth Drilled **155** Feet Depth Cased **149** Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
19 Inches	0	15
12.25 Inches	15	40
7.875 Inches	40	155

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
13.375	68.75	0.500	0	15
8.625	22.36	0.250	+2.5	40
1: 2.383	5.02	Sch. 80	+1	149

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

From	To	Feet to
1: 139	149	10
2: 89	99	10

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 **See detail** feet to _____ feet

9. WATER LEVEL
 Static water level 1: **87.4** 2: **85.5** feet below land surface
 Artesian flow **N/A** G.P.M. **N/A** 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.
 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 **2143**
 Signed **Brant Bowen**
 By driller performing actual drilling on-site or contractor
 Date **7/20/01**

Date started **7/8/2001**
 Date completed **7/12/2001**

7. WELL TEST DATA

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

USE ADDITIONAL SHEETS IF NECESSARY

issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller
 Signed _____
 By driller performing actual drilling on-site or contractor
 Date **7/20/01**

USE ADDITIONAL SHEETS IF NECESSARY

B.57.4