

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 84775
 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. 47562

1. OWNER **Barrick Goldstrike Mines PZ98-6** ADDRESS AT WELL LOCATION **Barrick Goldstrike minesite, north of Carlin, NV.**
 MAILING ADDRESS **P.O. Box 29 Elko, NV 89803**

2. LOCATION **NW 1/4 NE 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	Thickness
Abandoned by pumping neat cement from T.D. to surface.				
Used 42.5 cu.ft. of neat cement.				
Original Construction Details: Transducers at 804', 687.6', 415', and 304.7'.				
Cement		0	101.6	101.6
Hole plug		101.6	303	201.4
Gravel pack		303	308.2	5.1999
Hole plug		308.2	413	104.8
Gravel pack		413	416.5	3.5
Hole plug		416.5	685.5	269
Gravel pack		685.5	695.7	10.200
Hole plug		695.7	800.6	104.9
Gravel pack		800.6	811.7	11.1
Hole plug		811.7	960	148.3
Gravel pack		960	1010	50

8. WELL CONSTRUCTION
 Depth Drilled **1010** Feet Depth Cased **996** Feet
 HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **33** Feet
17.5 Inches
7.875 Inches **33** Feet **1010** Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
13.375	52.07	0.375	+3	33
2.375	5.02	0.218	+3	996

Perforations:
 Type perforation **Milled Slot**
 Size perforation **0.125"**
 From **976** feet to **996** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **101.6** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **960** feet to **1010** feet

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

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 **2095**
 Signed *Joe Crawford*
 By driller performing actual drilling on-site or contractor
 Date **10/16/01**

Date started **10/13/2001**, 19
 Date completed **10/13/2001**, 19

7. WELL TEST DATA

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

BSTA