

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **43270**

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

OWNER **Barrick Goldstrike Mines PZ-99-12**  
 MAILING ADDRESS **P.O. Box 29**  
**Elko, NV 89803**

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

2. LOCATION **SW 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
<b>Original Construction</b>				
<b>Detail:</b>				
Cement		0	50	50
Hole plug		50	208	158
Gravel pack		208	212	4
Hole plug		212	513	301
Gravel pack		513	550	37
Hole plug		550	1043	493
Gravel pack		1043	1115	72
<b>Abandoned by pumping both tubes full of neat cement, from T.D. surface.</b>				
<b>Used 37.8 cu. ft. of cement.</b>				
RECEIVED APR 23 8 PM 1:56 STATE ENGINEERING OFFICE				

8. WELL CONSTRUCTION

Depth Drilled **1115** Feet Depth Cased **1099** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
17.5	0	50		
10	50	1115		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
13.375	68.75	0.500	0	45
1: 2.375	3.65	0.154	+1	1099
2: 2.375	3.65	0.154	+1	539

Perforations:  
 Type perforation **Slotted**  
 Size perforation **0.020"**

From	To	Feet	Feet
1: 1079	1099		
2: 519	539		

Surface Seal:  Yes  No  
 Depth of Seal **52'**  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **See Notes** feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level **1: 322 2: 238** 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 **2039**  
 Signed Dennis Robblee  
 By driller performing actual drilling on-site or contractor  
 Date **5/3/02**

Date started **4/23/2002**, 19\_\_\_\_  
 Date completed **4/23/2002**, 19\_\_\_\_

7. WELL TEST DATA

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

*RSTL*