

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

OFFICE USE ONLY
 Log No. 87855
 Permit No. 61407
 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. **50805**

1. OWNER **Barrick Goldstrike Mines PPW-86**
 MAILING ADDRESS **P.O. Box 29**
Eklo, NV 89803

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

2. LOCATION **SE 1/4 NE 1/4 Sec. 30 T 36N**
 PERMIT NO. **61407**
Issued by Water Resources

N/S R **50E E** **Eureka** County
 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Abandoned by pumping abantonite via tremie from 1190' to 845', poured hole plug plus abantonite to 100', placed a 10' cement plug, poured clean fill to 20', and capped with neat cement.				
Quantities Used:				
Cement: 7 cu.ft.				
Fill: 24.4 cu.ft.				
Cement: 3.6 cu.ft.				
Hole plug: 241.5 cu.ft.				
Abantonite: 219 cu.ft.				

8. WELL CONSTRUCTION

Depth Drilled **1220** Feet Depth Cased **1190** Feet
 HOLE DIAMETER (BIT SIZE)

From	To
20.5 Inches	0 Feet 35 Feet
14.75 Inches	35 Feet 1220 Feet
Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	62.55	0.375	0	35
8.625	22.36	0.250	+2	1190

Perforations:
 Type perforation **Louwer**
 Size perforation **0.125"**
 From **108** feet to **1190** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **103'**
 Placement Method: Pumped
 Poured
 Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Gravel Packed: Yes No
 From **108** feet to **1220** feet

9. WATER LEVEL
 Static water level **845** 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 **1995**
 Signed *Stadelup Jacobs*
 By driller performing actual drilling on-site or contractor
 Date **8/5/02**

Date started **7/30/2002**, 19
 Date completed **7/30/2002**, 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)	

BSTL