

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

OFFICE USE ONLY
 Log No. 88114
 Permit No. 63877T
 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. **50802**

1. OWNER **Barrick Goldstrike Mines PPW-93** ADDRESS AT WELL LOCATION **Barrick Goldstrike minesite, north of Carlin, NV.**
 MAILING ADDRESS **P.O. Box 29**

2. LOCATION **NW 1/4 SE 1/4 Sec. 30 T 36N N/S R 50E E Eureka** County
 PERMIT NO. **63877-T** 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 abantonite to 641', poured hole plug and abantonite to 265', pumped cement from 265' to 190', poured hole plug and abantonite to 150', placed a 10' cement plug, clean fill to 20', and capped with neat cement.				
Quantities Used:				
Cement: 4 cu.ft.		0	20	20
Fill: 23.6 cu.ft.		20	140	120
Cement: 15 cu.ft.		140	150	10
Hole plug: 103.5 cu.ft.		150	641	491
Abantonite: 164 cu.ft.		641	900	259

8. WELL CONSTRUCTION
 Depth Drilled **910** Feet Depth Cased **900** Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
31	0	25	Feet
20.5	25	194.3	Feet
12.25	194.3	910	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
24	94.62	0.375	0	24
14	54.57	0.375	0	194.3
6.625	17.02	0.250	+3	900

Perforations:
 Type perforation **Louver**
 Size perforation **0.125"**
 From **200** feet to **900** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **194'** Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **910** feet

9. WATER LEVEL
 Static water level **641** 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 **1895**
 Signed Guadalupe Jacobs
 By driller performing actual drilling on site or contractor
 Date **8/6/02**

7. WELL TEST DATA

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