

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

OFFICE USE ONLY
 Log No. 88417
 Permit No. _____
 Basin 0601

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. **50809**

1. OWNER **Barrick Goldstrike Mines PZ-98-13**
 MAILING ADDRESS **P.O. Box 29**
Elko, NV 89803

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

2. LOCATION NE 1/4 NE 1/4 Sec. 30 T. 36N
 PERMIT NO. N/A Issued by Water Resources
N/A Parcel No.

N/S R 50E E Eureka County
N/A Subdivision Name

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
Original Construction:				
Cement		0	100	100
Hole plug		100	413	313
Gravel pack		413	425	12
Hole plug		425	650	225
Gravel pack		650	665	15
Hole plug		665	785	120
Gravel pack		785	810	25
Probe would not go down tubes to get final static water levels.				
Abandoned by pumping each tube full of neat cement. Used 41.3 cu.ft. of cement.				

8. WELL CONSTRUCTION

Depth Drilled 810 Feet Depth Cased 800 Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
14.75 Inches	0	100
7.875 Inches	100	810

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.75	28.04	0.250	0	100
1: 1.66	2.27	0.140	0	800
2: 1.66	2.27	0.140	0	660

Perforations:
 Type perforation **Drilled Holes**
 Size perforation **0.1875"**

From	To	Feet
1: 795	800	feet to feet
2: 655	660	feet to feet
3: 415	420	feet to feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From See Detail feet to _____ feet

9. WATER LEVEL

Static water level _____ 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 *Guadalupe Jacobo*
 By driller performing actual drilling on-site or contractor
 Date **8/24/02**

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	

B.S.F.C

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

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 Log No. 28417
 Permit No. _____
 Basin 261

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N/S R 50E E Eureka County
N/A Subdivision Name

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
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 Depth Cased 800 Feet

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<u>7.875</u>	<u>100</u>	<u>810</u>	<u>810</u>

CASING SCHEDULE

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<u>3: 1.66</u>	<u>2.27</u>	<u>0.140</u>	<u>0</u>	<u>420</u>

Perforations:
 Type perforation Drilled Holes
 Size perforation 0.1875"

From	To	Feet
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<u>2: 655</u>	<u>660</u>	<u>660</u>
<u>3: 415</u>	<u>420</u>	<u>420</u>

Surface Seal: Yes No
 Depth of Seal 100'
 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 _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 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 _____
 By driller performing actual drilling on-site or contractor
 Date 8/24/02

Date started 8/5/2002, 19____
 Date completed 8/5/2002, 19____

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