

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

OFFICE USE ONLY
 Log No. 87109
 Permit No. _____
 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. **48587**

OWNER **Barrick Goldstrike Mines PZ-96-7** ADDRESS AT WELL LOCATION **Barrick Goldstrike minesite, north of Carlin, NV**
 MAILING ADDRESS **P.O. Box 29 Elko, NV 89803**

2. LOCATION **SW 1/4 NW 1/4 Sec. 29 T 36N N/S R 50E E Eureka** County

PERMIT NO. **M/O-441A** 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 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 neat cement down both tubes from T.D. to surface.				
Quantities Used:				
1: 13.9 cu.ft				
2: 4.8 cu.ft.				
Original Construction Detail:				
Cement		0	51	51
Hole plug		51	268	217
Gravel pack		268	298	30
Hole plug		298	424	126
Gravel pack		424	452	28
Cement		452	800	348

8. WELL CONSTRUCTION

Depth Drilled **800** Feet Depth Cased **450** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
12.25	0	40		
6.25	40	800		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
7.625	23.57	0.301	0	40
1: 1.25	2.273	0.140	+2	450
2: 1.25	2.273	0.140	+2	297

Perforations:

Type perforation **Mill Slot**
 Size perforation **0.125"**

From	To	Feet	Feet
1: 430	450		
2: 277	297		

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **51'**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **See Detail** feet to _____ feet

9. WATER LEVEL

Static water level **1: 426 2: 204** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **4/11/2003**, 19____
 Date completed **4/11/2003**, 19____

7. WELL TEST DATA

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

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 **1716**
 Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **4/18/03**

BSTC