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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. 51837

1. OWNER Newmont ADDRESS AT WELL LOCATION Town Creek Mine
 MAILING ADDRESS PO Box 669 Carlin NV Galenda NV
89822

2. LOCATION SE 1/4 SE 1/4 Sec. 30 T 39 N S R. 43 E Humboldt County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ 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 |
|--|--------------|------|------|------------|
| Alluvium | | 0 | 760 | |
| Bedrock | | 760 | 1185 | |
| Gravel Screened casing from 1185' to 955' with trimmy place fine fine hole plug from 955 to 945 with trimmy place Abundant from 945 to 60' with trimmy pour hole plug fine 60' to 50' pour cement seal from 50' to surface * | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 1186 Feet Depth Cased 1185 Feet

HOLE DIAMETER (BIT SIZE)

| Inches | From | To | Feet |
|---------------|------|------|------|
| <u>10 3/4</u> | 0 | 40 | Feet |
| <u>10</u> | 40 | 865 | Feet |
| <u>9 7/8</u> | 865 | 1186 | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-------------|
| <u>4 1/2</u> | | <u>SC 80</u> | <u>0</u> | <u>1186</u> |

Perforations:
 Type perforation slot
 Size perforation 1/8"
 From 1175 feet to 975 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 1186 feet to 955 feet

9. WATER LEVEL
 Static water level 195 feet below land surface
 Artesian flow NA G.P.M. _____ P.S.I. _____
 Water temperature NA °F Quality Good

Date started 12/09/03, 19_____
 Date completed 12/18/03, 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 checked="" type="checkbox"/> Air Lift | <u>20-30</u> | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name EKO and Drilling Contractor
 Address PO Box 2748 Contractor
EIKO NV, 89803
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2089
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12/18/03