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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. 51834
Twin Creeks mine

1. OWNER Newmont Gold Corp ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 388
Valmy, NV, 89438
 2. LOCATION NE 1/4 SE 1/4 Sec 30 T. 39 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
<u>m/0 30-70A</u>				
<u>Place 6 1/2 cubic yards of 1/4" gravel in hole with trimming from bottom</u>				
<u>Place Kwik Plug Seal on top of gravel 5 sacks Kwik Plug Fine - with trimming</u>				
<u>place 800 gallons Abandonite in hole with trimming</u>				
<u>pour 50' cement Seal and Build monument.</u>				
<u>Develop well with Air and Trimming well Clean up good through 4 1/2 casing only</u>				

8. WELL CONSTRUCTION
 Depth Drilled 700 Feet Depth Cased 700 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 40
14 3/4 Inches 0 Feet 40 Feet
10 Inches 40 Feet 700 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/2</u>	<u>PVC</u>	<u>5/16</u>	<u>80</u>	<u>700</u>
<u>1 1/2</u>	<u>PVC</u>	<u>5/16</u>	<u>80</u>	<u>700</u>

Perforations:
 Type perforation slot PVC
 Size perforation .020
 From 4 1/2" 340 feet to 680 feet
 From 1 1/2" 480 feet to 680 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 300 feet to 700 feet

9. WATER LEVEL
 Static water level 190 feet below land surface
 Artesian flow N/A G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality good

Date started 01/25/04 2004 19_____
 Date completed 01/12/04 2004 19_____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>120 - 150</u>		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Eklund Drilling Contractor
 Address P.O. Box 2748 Contractor
EIKO NV, 89803
 Nevada contractor's license number 0030823
 issued by the State Contractor's Board
 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 01/12/04