

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 51835

1. OWNER Newmont mining Corp ADDRESS AT WELL LOCATION Twin Creeks mine
 MAILING ADDRESS P.O. Box 388
Velvny, NV, 89438
 2. LOCATION NE 1/4 SW 1/4 Sec. 30 T. 39 N. 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	Thickness
<u>M/O 30-21 A</u>				
<u>Alluvium 0-710</u>				
<u>Bed rock 710-740 TD</u>				
<u>Set 4 1/2 casing to bottom</u>				
<u>Set 1 1/2 to bottom</u>				
<u>Place gravel in hole with trimmy from bottom to 340' - 6 yrd 3</u>				
<u>Place 800 gal Abandonite in hole with trimmy from 340' to 60'</u>				
<u>Pour in 5 bags Kwik Plug casing seal</u>				
<u>Set monument and cement 49 50'</u>				

8. WELL CONSTRUCTION
 Depth Drilled 740 Feet Depth Cased 740 Feet
 HOLE DIAMETER (BIT SIZE)
 From 14 3/4 Inches To 40 Feet
 From 10 Inches To 740 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>Sc 80</u>	<u>0</u>	<u>740</u>
<u>1 1/2</u>	<u>PVC</u>	<u>Sc 80</u>	<u>0</u>	<u>740</u>

Perforations:
 Type perforation slot
 Size perforation 020
 From 4 1/2 feet to 720 feet
 From 1 1/2 feet to 720 feet
 From _____ feet to _____ 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

avel Packed: Yes No
 om 340 feet to 740 feet

WATER LEVEL
 tic water level: 232 feet below land surface
 esian flow _____ G.P.M. _____ P.S.I.
 ter temperature _____ °F Quality _____

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 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 01/29/04

RECEIVED
 01 FEB - 9 AM
 STATE ENGINEERS OFFICE

Dual Completion

Date started 01/13/2004 19
 Date completed 01/29/2004 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>330</u>		