

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. 51154

1. OWNER Newmont mining corp ADDRESS AT WELL LOCATION Hollister (Fuehner mine) well # 3  
MAILING ADDRESS P.O. Box 388  
Valmy, NV 89438

2. LOCATION SE 1/4 NW 1/4 Sec 9 T 37 N SR 48 E E1K0 County \_\_\_\_\_  
PERMIT NO. 52752 (original) 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
70 Bags mI Super Plug Abandonite				
Trimmy in from Bottom 50# Bags				
12 Bags Nevada Cement 94# TOP				
20' Cement Plug				
Use casing perforator to perforate blank casing				
60' - 200'				
240' - 300'				
400' - 480'				
500' - 580'				
well fill w/ Abandonite				

8. WELL CONSTRUCTION  
Depth Drilled 734 Feet Depth Cased 725 Feet

HOLE DIAMETER (BIT SIZE)  
From \_\_\_\_\_ To \_\_\_\_\_  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8 x 1/4</u>	<u>22.06</u>	<u>1/4</u>	<u>0+2</u>	<u>725</u>

Perforations:  
Type perforation wire weld wound  
Size perforation \_\_\_\_\_  
From 200 feet to 240 feet  
From 300 feet to 400 feet  
From 480 feet to 500 feet  
From 580 feet to 725 feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal 20'  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
Static water level 120' feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10/7/03, 19\_\_\_\_\_  
Date completed 10/7/03, 19\_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 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 J. Schul  
By driller performing actual drilling on site or contractor  
Date 10/7/03