WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 94511 29
Permit No. 55142
Basin 0611

Page 2
NOTICE OF INTENT NO. 51974+

1. OWNER Barrick Goldstrike Mines BW-23
MAILING ADDRESS P.O. Box 29
Elko, NV 89803

ADDRESS AT WELL LOCATION Barrick Goldstrike
minesite, north of Carlin, NV.

2. LOCATION SE 1/4 SW 1/4 Sec. 24 T 36N N/S R 49 E Eureka County
PERMIT NO. 55142 (Issued by Water Resources) | N/A (Parcel No.) | N/A (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
Cement: 412 cu.ft.				
Fill: 101 cu.ft.				
Hole plug: 4002 cu.ft.				
Abantonite: 2340 cu.ft.				

RECEIVED 04 OCT 18 PM 1:26 STATE ENGINEER'S OFFICE

DCNR/DWR RECEIVED DEC 0 2 2004 LAS VEGAS OFFICE

Date started 9/24/2004, 19__
Date completed 10/4/2004, 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ 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)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

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

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

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

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 1410
Signed (By driller performing actual drilling on-site or contractor)
Date 10/13/04

USE ADDITIONAL SHEETS IF NECESSARY