

OFFICE USE ONLY
Log No. 94831
Permit No. _____
Basin 6th

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. 53857

1. OWNER Newmont Mining Corp ADDRESS AT WELL LOCATION Twin Creeks Mine
MAILING ADDRESS P.O. Box 388 Golconda, NV
Valmy, NV 89438 Hole # VD-107
2. LOCATION NE 1/4 NW 1/4 Sec. 30 T. 39 S. R. 43 E Humbolt 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
VD-107				
Run Trimming to Bottom Pull Back 100' Pump 150% hole volume (14 SKS and 800 gal Fluid Super Plug (Chandunite) hole did not fill up. Pour 30 SKS 3/8 hole plug in hole, fill to 20' below surface, pour 20' Cement Seal w/ 2 SKS 94lb				
Materials Used				
14 SKS Super Plug 50 lbs ea				
30 SKS 3/8 Kwik plug 50 lbs ea				
2 SKS Neat Cement 94lbs ea				
Abandonment for Vertical Drain Hole # 107				

8. WELL CONSTRUCTION
Depth Drilled 600 Feet Depth Cased 600 Feet

HOLE DIAMETER (BIT SIZE)
From 4 Inches To 600 Feet
Inches _____ Feet _____ 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>1/4 Sec 80</u>	<u>0</u>	<u>600</u>

Perforations:
Type perforation slot
Size perforation .080
From 0 feet to 600 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal 20' Cement Grout
Placement Method: Pumped Poured Concrete Grout
Gravel Packed: Yes No
From NA feet to _____ feet

9. WATER LEVEL
Static water level 203 feet below land surface
Artesian flow NO 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 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 U.S.H. By driller performing actual drilling on site or contractor
Date 10/09/04

Date started 9/0/04
Date completed 10/09

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 type="checkbox"/> Air Lift			