

Log No. 45957
 Permit No. 131
 Basin 131

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. 55003

1. OWNER Newmont Mining Corp ADDRESS AT WELL LOCATION Phoenix Proj
Valmy NV 89438 Battle Mountain Gold mine
 2. LOCATION NW 1/4 SW 1/4 Sec. 27 T. 31 N. S. R. 43 E. Lander County

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Test Stock Monitor
 5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Hole # <u>AW09</u>	<u>90'</u>	<u>water in Bottom</u>		
		<u>of well</u>		
<u>Pour in 186 50# Sacks</u>				
<u>Hole plug medium (3/8)</u>				
<u>Pour in 20' Cement Plug</u>				
<u>5 Sacks 9416 Cement</u>				
<u>Cut Casings off @ ground level</u>				

8. WELL CONSTRUCTION
 Depth Drilled 650 Feet Depth Cased 650 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 650 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.2</u>	<u>Steel</u>	<u>Sch 80</u>	<u>0</u>	<u>650</u>

Perforations:
 Type perforation Slot
 Size perforation 0.80
 From 416 feet to 650 feet
 From _____ feet to _____ 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 400 feet to 650 feet

9. WATER LEVEL
 Static water level 560 feet below land surface
 Artesian flow N/A 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
Elko NV 89803 Contractor
 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 2/15/05

Date started 1/31/05 20____
 Date completed 1/31/05 20____

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			

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 05 FEB 22 PM 2:10
 STATE ENGINEERS OFFICE