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**WELL DRILLER'S REPORT**  
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 96185  
 Permit No. \_\_\_\_\_  
 Basin 131  
 NOTICE OF INTENT NO. 55162

1. OWNER Newmont ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS PO Box 388 Phoenix Cm-41  
Valmy Nevada 89438  
 2. LOCATION NW 1/4 NE 33 T 31 N S R 43 E Lander 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
<u>Materials Used to Abandon hole</u>				
<u>3.2 Gallons of Neat Cement</u>		<u>0</u>	<u>to 20'</u>	
<u>80 1/2 Gallons of Super Plug</u>		<u>20'</u>	<u>to 513'</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 513' Feet Depth Cased 513' 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>2 3/8"</u>		<u>Sch 80</u>	<u>0'</u>	<u>413'</u>

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From 413' feet to 513' feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 481-3 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started April 7, 2005  
 Date completed April 7, 2005

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			

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 PO Box 2748 Contractor  
Elko, Nevada 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-2100  
 Signed Sharon A. Zalk  
 By driller performing actual drilling on site or contractor  
 Date April 7, 2005

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 STATE ENGINEERS OFFICE