

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. 55760

1. OWNER Newmont mining Corp ADDRESS AT WELL LOCATION Turn Cretes mine North of Golconda NV
 MAILING ADDRESS P.O. Box 388
Vahmy, NV 89438
 2. LOCATION NW 1/4 SW 1/4 Sec. 19 T. 39 N. R. 43 E. Humboldt 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. m/018-12 LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Alluvium from 0 - 30'				
Oxide, Sulfide and Shell		30'	1660	
Set casing from 1657 to +3'				
Trimming in gravel 3/8 from 1660' to 1215' 2' above slot perforations				
Place 3/8 Hdc plug on top from 1215' to 50'				
Pour neat cement in hole and fill hole to top with cement				
weld monument on well and put cap on it				
Develop well with 6000 gal of water pumped in well.				
H2O encounters @ 1440', 1510', 1580', and TD hole @ 1660' with 37.5 gal per min H2O				
N41.261256				
W17.178886 NAD27				
Plugged under NDE 61056				

8. WELL CONSTRUCTION
 Depth Drilled 1660 Feet Depth Cased 1657 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 20 Feet
 8 3/4 Inches
 From 20 Feet To _____ Feet
 6 1/8 Inches
 From _____ Feet To _____ Feet
 _____ Inches _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 3/8		1/8	+3	-1657

 Perforations:
 Type perforation slot
 Size perforation 1/8
 From 1217 feet to 1617 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 1215 feet to 1660 feet

Date started 10/20/05
 Date completed 10/27/05

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			

9. WATER LEVEL
 Static water level 1004 feet below land surface
 Artesian flow N/A G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality good - clean

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 2089
 Signed J.S.P.
 By driller performing actual drilling on site or contractor
 Date 10/27/05