

OFFICE USE ONLY
 Log No. 98036
 Permit No. _____
 Basin 059

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. 56235
~~3685~~

1. OWNER Newmont Mining ADDRESS AT WELL LOCATION Copper Basin (D3-A)
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NW 1/4 Sec 4 T 31 N 44 E LANDER County _____
 PERMIT NO. 55690? 55679
 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>PERFORATE</u>		<u>140'</u>	<u>240'</u>	<u>100</u>
<u>Super Plug</u>		<u>-20</u>	<u>400</u>	<u>380</u>
<u>Cement Neat</u>		<u>-20</u>	<u>+2</u>	<u>22</u>
<u>90 50* Super Plug</u>				
<u>10 94# Cement</u>				
<u>Plugging of log 35869</u>				

8. WELL CONSTRUCTION
 Depth Drilled 409 Feet Depth Cased 400 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 140 feet to 240 feet
 From 280 feet to 380 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 Concrete Grout
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 9-7-05
 Date completed 9-8-05

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 158 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °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 602748 ELKO NV. 89803 Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1788
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-28-05