

PRINT OR TYPE ONLY
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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

NOTICE OF INTENT NO. 56881

1. OWNER Newmont Mining Corp ADDRESS AT WELL LOCATION TwinCreeks mine
 MAILING ADDRESS P.O. Box 388 Northe of Gardena, NV
Valmy, NV 89438
 2. LOCATION SW 1/4 NW 1/4 Sec. 8 T. 39 N. R. 43 E. Humboldt County
 PERMIT NO. M/O-1403 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/O 8-5B LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Alluvium</u>		<u>0</u>	<u>345</u>	<u>345</u>
<u>Compilant Rock</u>		<u>345</u>	<u>650</u>	
<u>H₂O Encounters</u>		<u>680-890</u>		
<u>Place gravel in hole from 900' to 650'</u>				
<u>Place bentonite seal in hole from 650' to 50'</u>				
<u>Cement Sanitary seal from 50' to ground level.</u>				
<u>Develop well with Air</u>				
<u>Run Draw Down tests</u>				
<u>well monument on well.</u>				
<u>and set cap.</u>				
<u>Plugged by well log # 117107</u>				

8. WELL CONSTRUCTION
 Depth Drilled 900 Feet Depth Cased 897 Feet
 HOLE DIAMETER (BIT SIZE)
8 3/4 Inches From 0 Feet To 560 Feet
8 1/4 Inches From 560 Feet To 900 Feet
 _____ Inches From _____ Feet To _____ 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</u>	<u>+3</u>	<u>-897</u>

Perforations:
 Type perforation slot
 Size perforation 1/8
 From 657 feet to 857 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 650 feet to 900 feet

9. WATER LEVEL
 Static water level 479' feet below land surface
 Artesian flow no G.P.M. _____ P.S.I. _____
 Water temperature - °F Quality good

Date started 4/19 2006
 Date completed 4/27 2006

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 Co
 Address P.O. Box 2748
Elko, 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 D. S. L.
 By driller performing actual drilling on site or contractor
 Date 4/27/06