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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. 56877

1. OWNER Newmont mining Corp ADDRESS AT WELL LOCATION Twin Creeks mine
 MAILING ADDRESS P.O. Box 388 Section 8 - North of Galconda, Nev
Belmy, NV 89438

2. LOCATION SW 1/4 NW 1/4 Sec. 8 T. 39 N. R. 43 E. Humboldt County
 PERMIT NO. M/O-1399 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 8-3B LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Alluvium</u>		<u>0</u>	<u>405</u>	<u>405</u>
<u>Consolidated rock</u>			<u>405</u>	<u>640</u>
<u>First H2O</u>			<u>640</u>	
<u>Fractured ground</u>			<u>700</u>	<u>720</u>
<u>Hard Rock</u>			<u>720</u>	<u>900</u>

H2O encounters, 640' 209pm
680 - 309pm, 700' - 409pm
860 - 609pm 890 - 809pm
900 TO H2O @ 809pm

Trimming in 57.5 Ft³ gravel in hole from bottom of hole to 644'
Place hole plug in hole from 644' to 50'
Pour in 150 gal Cement from 50' to ground level
weld monument on well.

8. WELL CONSTRUCTION
 Depth Drilled 900 Feet Depth Cased 897 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>6 1/8</u>	<u>0</u>	<u>520</u>		
<u>6</u>	<u>520</u>	<u>900</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2" Nominal</u>		<u>1/8</u>	<u>0</u>	<u>900</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
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 50

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 644 feet to 900 feet

9. WATER LEVEL
 Static water level 459' feet below land surface
 Artesian flow NO G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality good

Date started April - 8, 2006
 Date completed April - 15, 2006

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>N/A</u>	

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 Contractor
 Address P.O. Box 2748 Contractor
EKO, NV 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 2089

Signed J. S. L.
 By driller performing actual drilling on site or contractor
 Date 4/19/06