

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 102399
 Permit No. _____
 Basin 051

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

58838
Replaces
58487
 NOTICE OF INTENT NO. _____

1. OWNER **Newmont Mining Corporation QLK-63** ADDRESS AT WELL LOCATION **Newmont minesite, north of Carlin, Nevada.**
 MAILING ADDRESS **P.O. Box 669, Carlin, NV 89822** Subdivision Name: N/A County: **Eureka**

2. LOCATION **SE¼SW¼ Sec2T33N/ R51E** Latitude 40-46-47N UTM E _____ NAD 27
 PERMIT/WAIVER NO. **68272** Parcel No. **N/A** Longitude 116-14-02W N _____ NAD 83/WGS 84
 Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
Brown clay with little multi-colored rock.		0	100	100
Rock & light brown clay.		100	280	180
Multi-colored rock & light gray clay.		280	504	324
40.771415° N				
116.211970° W NAD83 RC 2-20-07				
40° 46' 17.4" N				
116' 12' 39.8" W NAD83				
2006 OCT 26 AM 11:43				
STATE ENGINEER REG. NO. 10103				
Date started: 10/12, 20 06				
Date completed: 10/20, 20 06				

9. WELL CONSTRUCTION

Depth Drilled **504** Feet Depth Cased **502** Feet

HOLE DIAMETER (BIT SIZE)

From	To
31 Inches	0 Feet 20 Feet
25 Inches	20 Feet 90 Feet
19 Inches	90 Feet 504 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
26	85.7320	0.3125	0	20
20	65.7070	0.3125	0	90
14	45.6820	0.3125	+2	502

Perforations:

Type of perforation **Louvered**
 Size of perforation **0.125"**

From	To
200 feet	502 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 150	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	150 to 504	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	150 to 160	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: Medium Kwik Plug			

7. Water Level
 Static water level: **170** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **52** °F
 Quality: **Good**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
90			1

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Lang Exploratory Drilling**
 (CONTRACTOR)
 Address **P.O. Box 5279**
 (CONTRACTOR)
Elko, NV 89802-5279
 Nevada contractor's license number issued by the State Contractor's Board **0021976**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2233**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **10/23/06**