

CHP2-31
 FAXED 2-14-07

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

OFFICE USE ONLY
 Log No. 105741
 Permit No.
 Basin 054

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 59269

1. OWNER Barrick/Cortez
 MAILING ADDRESS H.C. 66 Box 1250
Crescent Valley, NV 89821

ADDRESS AT WELL LOCATION Cortez Hills
 Subdivision Name: _____ County: Lander

2. LOCATION NE 1/4 SE 1/4 Sec 31 T 25 N/S R 48 E
 PERMIT/WAIVER No. M/0-1432
 Issued by Water Resources Parcel No. _____

Latitude 40.164153 UTM E 534030.933 NAD 27
 Longitude 116.600367 N 4445843.565 NAD 83/WGS 84

3. WORKED 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
Overburden		0	40	40
green; gray rock		40	940	900
Green grey - dark gray - minor white clays		940	1700	760'
Plugged by NOI # 64337 (TA)				

9. WELL CONSTRUCTION

Depth Drilled 0-1700 Feet Depth Cased 40-1700 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>12"</u>	<u>0</u>	<u>40'</u>	Feet
<u>6 7/8"</u>	<u>40</u>	<u>1700</u>	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8"</u>			<u>0</u>	<u>40</u>
<u>2"</u>		<u>sch 40</u>	<u>0+1</u>	<u>1700'</u>

Perforations:

Type of perforation Slot
 Size of perforation .020

From 1700 feet to 1680 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 60 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 1700 to 1678 Pumped Poured
 Type: 1/4 gravel

Bentonite Chips: Yes No 100' to 60' Pumped Poured
 Type: 3/8 coarse chips

7. Water Level
 Static water level: 850 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: WARM °F
 Quality: good

8. WELL TEST DATA

TEST METHOD Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>80</u>	<u>-</u>	<u>1 hr</u>
		<u>02:11:00 82</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
 Address 605 Union Pacific Way
Eiko NV
 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 M-2262
 Signed Frank Stephens
 By driller performing actual drilling on site or contractor
 Date 01/24/07