

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

OFFICE USE ONLY

Log No. 105993
Permit No. _____
Basin 048

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. 57673

1. OWNER Newmont Mining Corp. ADDRESS AT WELL LOCATION Emigrant
MAILING ADDRESS PO Box 1669
Carlin, NV 89822 Subdivision Name: _____ County: Essex

2. LOCATION SE 1/4 NE 1/4 Sec 12 T 31 N R 53 E Latitude: _____ UTM E 588974 NAD 27
PERMIT/WAIVER No. NEV 2005107 Longitude: _____ N 4493554 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>HOLE # EMW-2</u>				
<u>SILTSTONE</u>		<u>0</u>	<u>20</u>	<u>20</u>
<u>LIMESTONE</u>		<u>20</u>	<u>440</u>	<u>420</u>
<u>N 40.589907</u>				
<u>W 115.948592 NAD 27</u>				
<u>Drilling lost circulation</u>				
<u>From 295' 440'</u>				

9. WELL CONSTRUCTION

Depth Drilled 440 Feet Depth Cased 398 ~~438~~ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>14</u>	<u>0</u>	<u>20</u>	<u>20</u>
<u>8 1/2</u>	<u>20</u>	<u>440</u>	<u>440</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>	<u>N/A</u>	<u>3/8</u>	<u>0</u>	<u>20</u>
<u>4</u>	<u>N/A</u>	<u>SCH 80 PVC</u>	<u>+2</u>	<u>438</u>

Perforations:

Type of perforation Horizontal

Size of perforation 1020

From Screen 398 feet to 398 feet

From BLANK +2 feet to 398 feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured

Cement Grout Pumped Poured

Concrete Grout Pumped Poured

≥30% Bentonite Grout Pumped Poured

Gravel Pack: Yes No 440 to 394 Pumped Poured

Type: 3/4" Gravel

Bentonite Chips: Yes No 394 to 50 Pumped Poured

Type: 3/8" Bentonite Chips

7. Water Level

Static water level: 389 feet below land surface

Artesian Flow: NO G.P.M. _____ P.S.I. _____

Water Temperature: N/A °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>440</u>	<u>0</u>	<u>N/A</u>	<u>15 MIN</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 Contractor

Address 605 UNION PACIFIC WAY Contractor

ELKO NV 89801

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 1942

Signed William Riley By driller performing actual drilling on site or contractor

Date 9-11-06