



WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 12402

PRINT OR TYPE ONLY

OWNER Newmont Minging Company ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 669
Carlin, NV 89822
 2. LOCATION SE 1/4 SE 1/4 Sec. 18 T. 36 R. 50 E. EUREKA County
 PERMIT NO. M/O-123 Issued by Water Resources Parcel No. _____ Subdivision Name _____
 WAIVER _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other Abandonment

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
MW-5 (104')	# <u>31504</u>			
Remove 4" PVC casing from hole & fill with neat cement using grout pump & tremee pipe.				
TT-7 (Two holes 5' & 14.8')	# <u>31505</u>			
2" PVC casing had cement seal around it. Break seal & casing off about 2 feet below ground level & fill with neat cement.				
TB-20 (29')	# <u>31506</u>			
2" PVC casing had cement seal around it. Filled casing with neat cement.				
TT-8 (2 holes 6' & 15')	# <u>31507</u>			
2" PVC casing in holes had cement seal around them. Filled holes with neat cement.				

8. WELL CONSTRUCTION

Diameter _____ inches Total depth _____ feet
 _____ inches
 _____ inches

Casing record _____
 Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Date started _____ 3-21 19.89
 Date completed _____ 3-21 19.89

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

9. WATER LEVEL

Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name HACKWORTH DRILLING, INC.
 Address P.O. Box 850 Elko, NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 020582
 Nevada contractor's driller's number issued by the Division of Water Resources 1166
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1166
 Signed Dale C. Nelson
 By driller performing actual drilling on site or contractor
 Date 4-3-89