

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 8043

PRINT OR TYPE ONLY

1. OWNER Newmont Gold ADDRESS AT WELL LOCATION Men 10
 MAILING ADDRESS P.O. 669
Carlin Nev. 89822

2. LOCATION SE 1/4 NE 1/4 Sec. 36 T. 36N R. 50 E Eureka County
 PERMIT NO. NW-156 Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. Monitor PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fractured siltstone</u>		<u>0</u>	<u>445</u>	<u>445</u>
<u>Cement</u>		<u>0</u>	<u>50</u>	<u>50</u>
<u>Bentonite</u>		<u>50</u>	<u>100</u>	<u>50</u>
<u>Caved</u>		<u>100</u>	<u>258</u>	<u>158</u>
<u>sand</u>		<u>258</u>	<u>278</u>	<u>20</u>
<u>Caved</u>		<u>278</u>	<u>445</u>	<u>167</u>

see Plug-in report
log # 35139

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 445 feet
 Casing record 1"
 Weight per foot 30.80 Thickness 30.80
 Diameter From To
1" inches +1 feet 445 feet
 _____ inches _____ feet _____ feet

Surface seal: Yes No Type Cement
 Depth of seal 0-50 cement 50-100 Bentonite feet
 Gravel packed: Yes No
 Gravel packed from 258 feet to 278 feet

Perforations:
 Type perforation _____
 Size perforation 0.02
 From 278 feet to 258 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 160 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Elsing Drilling Contractor
 Address P.O. 919, Twin Falls, Id 83301 Contractor
 Nevada contractor's license number 017177
 Nevada contractor's drillers number 1295
 Nevada driller's license number 945 Actual Driller

Date started 6-19, 1989
 Date completed 6-22, 1989

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
			<u>11:15</u>
		<u>95' @ 18</u>	<u>SEP 18 1989</u>

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

Signed Arnold Elsing Contractor
 Date Aug 9, 1989