

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 17492

1. OWNER Newmont Gold Co ADDRESS AT WELL LOCATION Genesis 22
MAILING ADDRESS P.O. Box 669 Carlin NV 89822

2. LOCATION SW 1/4 NE 1/4 Sec. 31 T. 36 S. R. 50 E. Eureka County

PERMIT NO. MO-156 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
New Well Recondition
Deepen Other 4 Monoton
Domestic Municipal
PROPOSED USE
Irrigation Test
Industrial Stock
5. TYPE WELL
Cable Rotary
Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Abandonment</u>				
<u>Pumped approx 100 gal water/day</u>				
<u>Slurry at 225 PSI</u>				
<u>Completion Log # 32632</u>				

'91 JAN -7 AIO:18
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
Diameter 1 inches Total depth 520 feet
Casing record N/C
Weight per foot _____ Thickness _____
Diameter From To
1 inches 0 feet 500 feet
Surface seal: Yes No Type Cement Bore
Depth of seal 0-4.58 feet
Gravel packed: Yes No
Gravel packed from 458 feet to 520 feet
Perforations:
Type perforation slotted
Size perforation 1020
From 480 feet to 500 feet

Date started 1-2 1991
Date completed 1-2 1991

9. WATER LEVEL
Static water level 225' feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Rimrock Drilling Co Contractor
Address P.O. Box 669 Carlin NV 89822 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0022708
Nevada contractor's driller's number issued by the Division of Water Resources _____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1678
Signed Morris Sherry
By driller performing actual drilling on site or contractor
Date 1-3-91

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