

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 11914

1. OWNER Newmont Gold Co ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS P.O. Box 669 GQC-263
Carlin, Nv 89822
 2. LOCATION SW SW $\frac{1}{4}$ Sec. 36 T. 36 S. R. 51 E. Eureka County
 PERMIT NO. MO-246 Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>fill</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>Colluvium</u>		<u>10</u>	<u>25</u>	<u>15</u>
<u>Siltstone</u>	<u>X</u>	<u>25</u>	<u>90</u>	<u>65</u>
<u>Open through dump material</u>				
<u>Bentonite from 27'</u>				
<u>to 36'</u>				
<u>Bentonite on</u>				
<u>bottom from 90'</u>				
<u>to 78'</u>				

8. WELL CONSTRUCTION

Diameter 12 1/4 inches Total depth 36 feet
5 1/4 inches 90 feet
 Casing record 6" steel 2' PVC
 Weight per foot _____ Thickness _____

Diameter	From	To
<u>6</u> inches	<u>0</u> feet	<u>36</u> feet
<u>2</u> inches	<u>0</u> feet	<u>77</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Cement
 Depth of seal 36 feet
 Gravel packed: Yes No
 Gravel packed from 77 feet to 61 feet

Perforations:
 Type perforation Slots
 Size perforation .020
 From 77 feet to 62 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Date started 10/3, 1990
 Date completed 10/3, 1990

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>N/A</u>			

BAILER TEST

G.P.M. N/A Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

9. WATER LEVEL

Static water level 62 feet below land surface
 Flow N/A G.P.M. _____ P.S.I.
 Water temperature Coal °F Quality Clear

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Gustin Corp Contractor
 Address Box 894 Eiko, NV 89801 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0022193
 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 1671
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 10/14/90