DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 39174
Permit No.
Basin 51

1. OWNER Newmont Gold Company ADDRESS P.O. Box 669 Carlin NV 89801 # 29-1

2. LOCATION SE ¼ SE ¼ Sec. 29 T. 34 N/S R. 52 E. Elko County
PERMIT NO. 184-71

3. TYPE OF WORK
New Well ☐ Recondition ☐
Deepen ☐ Other ☑

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☑
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Pumped Cement From Bottom To Top				

RECEIVED STATE ENGINEERS OFFICE JUN -4 '92 AM 10:34

Date started May 29, 1992
Date completed May 29, 1992

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

8. WELL CONSTRUCTION
Diameter hole 1¼ inches Total depth 39 feet
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
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... Feet below land surface
Flow ..... G.P.M.
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 Kevin Powers
Address Box 162-4 Kittridge Canyon Elko NV
Nevada contractor's license number 27434
Nevada driller's license number 1700
Signed Kevin Powers
Date May 30 1992

USE ADDITIONAL SHEETS IF NECESSARY

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