

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 16731

PRINT OR TYPE ONLY

1. OWNER Barrick Goldstrike Mines, Inc. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 29 _____
Elko, NV 89801 _____
 2. LOCATION SE 1/4 NW 1/4 Sec. 30 T. 36 N. S. R. 50 E. Eureka County _____
 PERMIT NO. 55150 Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray & brown		0	50	50
Brown clay		50	93	43
Gray & brown rock		93	110	17
Gray, hard		110	118	8
Red, soft	x	118	135	17
Brown & gray, med. hard		135	231	96
Gray & white, hard		231	246	15
Gray hard		246	280	34
Gray broken		280	293	13
Gray hard		293	340	47
Gray & white, hard		340	352	12
Gray, broken	x	352	390	38
Gray, hard		390	403	13
Gray, soft		403	440	37
Gray, hard		440	570	130
Gray, green, hard		570	585	15
Gray, green, broken		585	600	15
Gray, green hard		600	710	110
Gray, green, broken	x	710	717	7
Gray, green hard		717	870	153
Gray, Green broken		870	910	40
Gray, green, hard		910	1000	90
Hole caved in from 920 to 1000'				

8. WELL CONSTRUCTION
 Diameter 8 inches Total depth 1000 feet
12" 0 - 83 inches
10" 0 - 122 inches
 Casing record Steel: 12, 10, 8 inch
 Weight per foot 33#, 28#, 22# Thickness .250

Diameter	From	To
12 inches	0 feet	83 feet
10 inches	0 feet	122 feet
8 inches	+2 feet	920 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

 Surface seal: Yes No Type Bentonite
 Depth of seal 122; Cement 0 - 83' feet
 Gravel packed: Yes No Steel plate between 8 - 10" casing --- 120'
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory, 8"
 Size perforation 1/8 x 3"
 From 620 feet to 920 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 120 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 10-15-1991
 Date completed 11-2-1991

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 Elsing Drilling & Pump Co., Inc.
 Address P.O. Box 919; Twin Falls, ID 83303
 Nevada contractor's license number issued by the State Contractor's Board 0017177
 Nevada contractor's driller's number issued by the Division of Water Resources 1295
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1728
 Signed Wendell Elsing
 By driller performing actual drilling on site or contractor
 Date December 16, 1991

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