POW-18

WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 43887
Permit No.
Basin 4-61

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Newmont Gold ADDRESS No 1 E Goldstrike pit
BOX 669
CARLIN NV 89822

2. LOCATION SW ¼ NW ¼ Sec. 24 T. 36 N/S R. 49 E. ____ County
PERMIT NO. MO 156 C

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
Bent Pell. to				
50' Cement to				
Surface		Pow-18		
82 Bags				
Pell.				

'94 FEB 18 AM

STATE

Date started 12-30, 1993
Date completed 12-30, 1993

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 ____ inches Total depth ____ 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 AAA DRLG
Address 181-14 Bullion ELKO
Nevada contractor's license number 20684
Nevada driller's license number 1799
Signed [signature]
Date Jan 22-94

USE ADDITIONAL SHEETS IF NECESSARY

5471