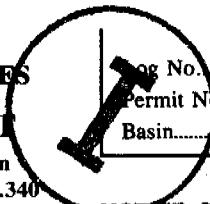


WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 38254

1. OWNER NEWMONT GOLD TWIN CREEKS ADDRESS AT WELL LOCATION M/O - 29-2R
 MAILING ADDRESS P.O. Box 69 Calconda
 2. LOCATION NE 1/4 SE 1/4 Sec 29 T 39 N/S R 43 E Humboldt County
 PERMIT NO. M/O C-285-A Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ABANDONITE		192	50	
CEMENT		50	0	
PLD 55ed				

8. WELL CONSTRUCTION
 Depth Drilled 192 Feet Depth Cased 192 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8.75 Inches To 0 Feet 192 Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.0		.25	0	20
4.0		sch 80 pw		

Perforations:
 Type perforation 4" sch 80 screen
 Size perforation 1/2" to 5/8"
 From 0 feet to 20 feet BIANTS
 From 20 feet to 192 feet SCREEN
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 58 feet to 192 feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name GATZKE Drillings Contractor
 Address 3483 SANDHANCE DR Contractor
FIRO NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 0036915
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1650
 Signed Jay Burnett
 driller performing actual drilling on site or contractor
 Date 10-6-98

Date started 10-6, 1998
 Date completed 10-6, 1998

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	