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WELL DRILLER'S REPORT

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

Log No. 79111
Permit No. 61
Basin 61

NOTICE OF INTENT NO. 43225

1. OWNER Barrick Goldstrike ADDRESS AT WELL LOCATION Barrick Goldstrike Minesite, North of Carlin, NV
MAILING ADDRESS P.O. Box 29
Elko, NV 89803

2. LOCATION SW 1/4 SE 1/4 Sec 19 T. 36 N. 50 E. Eureka County
PERMIT NO. N/A Parcel No. N/A Subdivision Name N/A

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
Abandoned by pumping neat cement from T.D. to surface				
Used 20.25 cu.ft. cement				
1: 8.75				
2: 6.0				
3: 5.5				
Construction Detail				
Cement		0	50	
Hole Plug		50	185	
Gravel Pack		185	200	
Hole Plug		200	265	
Gravel Pack		265	280	
Hole Plug		280	400	
Gravel Pack		400	420	

8. WELL CONSTRUCTION
Depth Drilled 420 Feet Depth Cased 410 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
14.75 Inches	0 Feet	35 Feet
8.0 Inches	35 Feet	420 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.750	34.24	0.250	+1	35
1: 1.66	2.27	0.140	+1	410
2: 1.66	2.27	0.140	+1	275
3: 1.66	2.27	0.140	+1	196

Perforations:
Type perforation Drilled Holes
Size perforation 0.187"

From	feet to	feet
1: 405	feet to	410
2: 270	feet to	275
3: 191	feet to	196

Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No See Detail
From _____ feet to _____ feet

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

Date started 31 August, 1999
Date completed 31 August, 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Lang Exploratory Drilling Contractor
Address P.O. Box 5279 Contractor
Elko, NV 89802

Nevada contractor's license number issued by the State Contractor's Board: 0021976
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 2085

Signed _____
By driller performing actual drilling on site or contractor

Date _____