

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 83965
 Permit No. 55141
 Basin 61

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 38351

1. OWNER **Barrick Goldstrike Mines**
 MAILING ADDRESS **P.O. Box 29**
Elko, NV 89803

ADDRESS AT WELL LOCATION **Barrick Goldstrike minesite, north of Carlin, NV.**

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **19** T **36N**
 PERMIT NO. **55141** Issued by Water Resources
N/A Parcel No.

N/S R **50E** E **Eureka** County
N/A Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Recondition
 Deepen
 Abandon
 Other

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

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
The top 195' of the well has been mined off. The construction information reflects the original (pre-mined) well. Static water level is at time of abandonment.				
Pumped abantonite via tremmie to 281', poured hole plug to 300', capped with 50' neat cement.				
Quantities Used:				
Neat cement: 18 cu.ft.		0	50	50
Hole plug: 81 cu.ft.		50	281	231
Abantonite: 267 cu.ft.		281	805	524

8. WELL CONSTRUCTION

Depth Drilled **1010** Feet Depth Cased **1000** Feet

HOLE DIAMETER (BIT SIZE)

From		To	
36 Inches	0 Feet	80 Feet	
14.75 Inches	80 Feet	1010 Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	42.05	0.250	0	80
8.625	22.36	0.250	0	1000

Perforations:
 Type perforation **Louwer**
 Size perforation **0.125"**

From **60** feet to **1000** feet

Surface Seal: Yes No
 Depth of Seal **51'**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From **55** feet to **1010** feet

9. WATER LEVEL
 Static water level **569** feet below land surface
 Artesian flow **N/A** 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 **Lang Exploratory Drilling** Contractor
 Address **P.O. Box 5279** Contractor
Elko, NV 89802-5279
 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 **1716**
 Signed **David Haas**
 By driller performing actual drilling on-site or contractor
 Date **5/1/01**

Date started **4/27/2001**, 19
 Date completed **4/27/2001**, 19

7. WELL TEST DATA

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

B.S.F.L