

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

OFFICE USE ONLY
 Log No. 84782
 Permit No. _____
 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. **47555**

1. OWNER **Barrick Goldstrike Mines PZ99-6** 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 NE 1/4 Sec. 19 T 36N N/S R 50E E Eureka** County
 PERMIT NO. **N/A** Parcel No. **N/A** Subdivision Name **N/A**
Issued by Water Resources Parcel No. 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
Abandoned by pumping neat cement from 460 to surface.				
Used 25 cu.ft. of neat cement.				
Original Construction Detail:				
Cement		0	20	20
Hole plug		20	238	218
Gravel pack		238	242	4
Hole plug		242	312	70
Gravel pack		312	317	5
Hole plug		317	346	29
Gravel pack		346	353	7
Hole plug		353	435	82
Gravel pack		435	465	30
Hole plug		465	742	277
Gravel pack		742	749	7
Hole plug		749	770	21
Transducers at 240.7, 314.6, 350.7, 460.5, 746.5				

8. **WELL CONSTRUCTION**
 Depth Drilled **770** Feet Depth Cased **460** Feet
HOLE DIAMETER (BIT SIZE)

	From	To
14.75 Inches	0	58
7.875 Inches	58	770

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.75	34.24	0.250	+2	58
2.375	3.65	0.154	+2	460

Perforations:
 Type perforation **Slotted**
 Size perforation **0.125" x 2"**
 From **440** feet to **460** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **20'**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **See Detail** feet to _____ feet

Date started **10/3/2001**, 19____
 Date completed **10/3/2001**, 19____

7. **WELL TEST DATA**

TEST METHOD:	G.P.M.		Time (Hours)
	Bailer	Pump	
	Draw Down (Feet Below Static)		

9. **WATER LEVEL**
 Static water level **Dry** 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 **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 **1796**
 Signed **Ron Behrardt**
 By driller performing actual drilling on-site or contractor
 Date **10/12/01**