

OFFICE USE ONLY  
 Log No. 84926  
 Permit No. \_\_\_\_\_  
 Basin. 621  
 NOTICE OF INTENT NO. 42177

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

1. OWNER BARRICK GoldStrike Mine ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS PO Box 29 \_\_\_\_\_  
EIKO NV 89803 \_\_\_\_\_  
 2. LOCATION SE 1/4 SW 1/4 Sec 22 T. 37 N S R. 49 E \_\_\_\_\_ County EUREKA  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources \_\_\_\_\_ Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other X  
 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
<u>See Attachments</u>				
<u>OLD EXPLORATION WELL ORIG. DRILLED BY LANG. TURNED INTO MONITORING WELL.</u>				

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6 3/8 Inches To 0 Feet 3565 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 3/8</u>			<u>0</u>	<u>1500</u>
<u>2 3/8</u>			<u>0</u>	<u>1100</u>

Perforations:  
 Type perforation Factory Slots  
 Size perforation 080  
 ① From 1440 feet to 1500 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 ② From 1040 feet to 1100 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal 50'  Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 561 feet below land surface  
 Artesian flow 0 G.P.M. 0 P.S.I.  
 Water temperature 0 °F Quality 0

Date started 6-4 2001  
 Date completed 6-7 2001

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name HARD ROCK Exp Contractor  
 Address 1000 BARRINGTON AVE Contractor  
EIKO NV 89801  
 Nevada contractor's license number issued by the State Contractor's Board 0048915  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1670  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6-15-01

RECEIVED  
 01 JUN 28 AM 11:11  
 STATE ENGINEERS OFFICE