

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

OFFICE USE ONLY
 Log No. 86371
 Permit No. _____
 Basin 261

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. **47621**

1. OWNER **BARRICK GOLDSTRIKE MINES, INC.**
 MAILING ADDRESS **P.O. BOX 29**
ELKO, NV 89801

ADDRESS AT WELL LOCATION **BARRICK GOLDSTRIKE**
MINESITE

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **29** T **36N**
 PERMIT NO. **WELL #GWOP-8B**
Issued by Water Resources

N/S R **50E** E **EUREKA** County
TRACT OF LAND
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
DRILL OUT 4" PVC CASING				
PUMP ABANDONMENT FLUID FROM 25-240				
PUMP CEMENT 0-25				
WELL COMPLETED UNDER INTENT #37536				
<div style="position: absolute; left: 100px; top: 50px; transform: rotate(-90deg); font-size: 20px; opacity: 0.5;"> HACKWORTH DRILLING, INC. 02 APR 19 11:03 AM 1020 N. ELKO BLVD. ELKO, NV 89801 </div>				

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet
HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **0** Feet **240** Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	PVC	SCH 80	0	240

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **.020 SLOT**
 From **215** feet to **235** feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level **226** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **4/4/2002**, 19____
 Date completed **4/4/2002**, 19____

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)	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **HACKWORTH DRILLING, INC.** Contractor
 Address **P.O. BOX 850** Contractor
ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board **020582**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1689**
 Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **4/10/2002**