

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

OFFICE USE ONLY
 Log No. 86377
 Permit No. _____
 Basin 061

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. **43268**

1. OWNER **Barrick Goldstrike Mines PZ-99-9**
 MAILING ADDRESS **P.O. Box 29**
Elko, NV 89803

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

2. LOCATION **NE 1/4 NE 1/4 Sec. 30 T 36N** N/S R **50E** E **Eureka** County
 PERMIT NO. **N/A** Issued by Water Resources 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	Thickness
Both tubes abandoned by pumping neat cement from T.D. to surface.				
Used 35.4 cu. ft. of cement.				
Original Construction Detail:				
Cement		0	50	50
Hole plug		50	272	222
Gravel pack		272	320	48
ble plug		320	499	179
Gravel pack		499	560	61

8. WELL CONSTRUCTION
 Depth Drilled **560** Feet Depth Cased **558** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
14.75 Inches	0 Feet	37 Feet	
8.9 Inches	37 Feet	560 Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.75	28.04	0.250	+1	37
1: 2.375	3.65	0.154	+2	558
2: 2.375	3.65	0.154	+2	318

Perforations:
 Type perforation **Slotted**
 Size perforation **0.020"**

From	To	feet to	feet
	1: 518		558
	2: 278		318

Surface Seal: Yes No
 Depth of Seal **50'** Seal Type: Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

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

9. WATER LEVEL
 Static water level **1: 461 2: 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 **2039**

Signed Dennis Robblee
 By driller performing actual drilling on-site or contractor
 Date **5/3/02**

Date started **4/24/2002**, 19____
 Date completed **4/24/2002**, 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)

B.S.T.C