

OFFICE USE ONLY
Log No. 93178
Permit No. _____
Basin 66



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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

NOTICE OF INTENT NO. 51846

1. OWNER Newmont Gold Corp. ADDRESS AT WELL LOCATION Twin Creeks Mine
MAILING ADDRESS PO Box 388
Valmy, NV. 89438
2. LOCATION NW 1/4 SE 1/4 Sec 30 T. 39 N S R 43 E Humboldt County
PERMIT NO. _____ Issued by Water Resources Parcel No. _____ 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
<u>Brown Clay + Gravel</u>		<u>0</u>	<u>705</u>	<u>705</u>
<u>Red Clay + Gravel</u>		<u>705</u>	<u>725</u>	<u>20</u>
<u>Materials Used:</u>				
<u>7 Cu. Yds. Gravel</u>				
<u>148 Kwik Plug Med. 50lb. ea</u>				
<u>17 Cement 94lb.</u>				
<u>6 W-60 50lb.</u>				

8. WELL CONSTRUCTION
Depth Drilled 725 Feet Depth Cased 720 Feet
HOLE DIAMETER (BIT SIZE)
From To
14 Inches 0 Feet 40 Feet
10 Inches 40 Feet 725 Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2 Nominal</u>		<u>5-80</u>	<u>0</u>	<u>720</u>
<u>2 Nominal</u>		<u>5-80</u>	<u>0</u>	<u>720</u>

Perforations:
Type perforation Slot
Size perforation 0.20
From (1 1/2") 480 feet to 680 feet
From _____ feet to _____ feet
From (4") 320 feet to 680 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 52 Ft. Neat Cement
Placement Method: Pumped Cement Grout
 Bored Concrete Grout
Gravel Packed: Yes No
From 283 feet to 725 feet

9. WATER LEVEL
Static water level 210 feet below land surface
Artesian flow N/A G.P.M. _____ P.S.I. _____
Water temperature _____ °F Quality _____

Date started April 05 2004
Date completed April 15 2004

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 checked="" type="checkbox"/> Air Lift	<u>T.D. 75</u>		

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Eklund Drilling Contractor
Address PO Box 2748 Contractor
EIKO, NV. 89803
Nevada contractor's license number issued by the State Contractor's Board 0030823
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2260
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 4-15-04