

PRINT OR TYPE ONLY
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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. 53874

1. OWNER Newmont Mining Corp ADDRESS AT WELL LOCATION 15 miles S. of Battle Mtn at Phoenix Project
MAILING ADDRESS P.O. Box 388 Valmy, NV 89438
2. LOCATION NE 1/4 SE 1/4 Sec. 34 T. 31 S. R. 43 E. Lander 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>Alluvium</u>		<u>0</u>	<u>160</u>	<u>160</u>
<u>Basalt</u>		<u>160</u>	<u>685</u>	<u>525</u>

8. WELL CONSTRUCTION
Depth Drilled 685 Feet Depth Cased 680 Feet
HOLE DIAMETER (BIT SIZE)
From To
12 3/4 Inches 0 Feet 20 Feet
7 Inches 20 Feet 685 Feet
Inches _____ Feet _____ Feet
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 7/8</u>	<u>PVC</u>	<u>Sch 80</u>	<u>0</u>	<u>680</u>

Perforations:
Type perforation Slotted
Size perforation 1.020
From 680 feet to 620 feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
Depth of Seal 50' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 680 feet to 609 feet

9. WATER LEVEL
Static water level N/A feet below land surface
Artesian flow _____ G.P.M. 5 P.S.I.
Water temperature N/A °F Quality N/A

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 Co.
Address P.O. Box 2748 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-1769
Signed Warren Hartley
By driller performing actual drilling on site or contractor
Date 12-20-04

Date started 11-17, 2004
Date completed 11-22, 2004

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)	