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

1

OFFICE USE ONLY
Log No. 104707
Permit No.
Basin 066

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. 59261

1. OWNER Newmont mining Corp.
MAILING ADDRESS P.O. Box 69
Golconda, NV 89414

ADDRESS AT WELL LOCATION Twin Creeks mine, 30 miles north of Golconda, NV ATTN enviro Dept
Subdivision Name:
County: Humboldt

2. LOCATION NW¼ NE ¼ Sec 29 T 39 N S R 43 E
PERMIT/WAIVER No.
Issued by Water Resources Parcel No.

Latitude
Longitude don't exist

UTM E 629432.77796 ☒ NAD 27
N 5033809.26649 ☐ NAD 83/WGS 84

3. WORKED PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Other Abandone

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
VLO Ho				
This well is Dry				
Pour in 3 Bags				
Kwik Plug fine				
Pour in Cement				
for 20' Seal				

Date started: 12/2, 20 06
Date completed: 12/2, 20 06

9. WELL CONSTRUCTION
Depth Drilled Unknown Feet Depth Cased 70 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 1/2		Sch 90	0	70

Perforations:
Type of perforation Slot
Size of perforation .020
From 30 feet to 70 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☒ Neat Cement 20 to 0 ☐ Pumped ☒ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured

Gravel Pack: ☐ Yes ☐ No to ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☒ Yes ☐ No to ☐ Pumped ☒ Poured
Type: Kwik Plug Fine Abandonment

7. Water Level
Static water level: No H2O feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: °F
Quality:

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Dry well		

STATE ENGINEER'S OFFICE
2007 NOV -5 AM 11:35
RECEIVED

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name (Contractor) EKlund Drilling Co
Address (Contractor) P.O. Box 2748
Elko, 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* 2089
Signed (By driller performing actual drilling on site or contractor)
Date 12/2/06

(Rev. 05-04)

USE ADDITIONAL SHEETS IF NECESSARY