

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

OFFICE USE ONLY 109029

Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin 054

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. 64337

1. OWNER **Barrick Cortez Gold**  
MAILING ADDRESS **HC 66 Box 1250 Crescent valley NV**

ADDRESS AT WELL LOCATION **CHPZ-31**

2. LOCATION **NE 1/4 SE 1/4 Sec 31 T27N R48E**

Subdivision Name: \_\_\_\_\_ County: **Lander**

PERMIT/WAIVER NO. **M/O 1432** Parcel No. **N/A**  
Issued by Water Resources

Latitude **4445843.565** UTM **E7**  NAD 27  
Longitude **534030.933** **N**  NAD 83/WGS 84

3. TYPE OF WELL  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

Is this well being plugged because a replacement well was drilled?  Yes  No  
If yes, what is replacement well NOI? \_\_\_\_\_  
Is there an existing well log?  Yes  No  
If yes, what is NDWR well log #? **105744**  
**NO159209**

4. EXISTING WELL CONSTRUCTION  
Depth Drilled **1700** Feet Depth Cased **1700** Feet

7. WELL PLUGGING PROCEDURE  
Was well cleaned out to total depth?  Yes  No  
If well was not cleaned out to total depth, please explain why: \_\_\_\_\_

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2</b>		<b>3/4 40</b>	<b>0</b>	<b>1700</b>

Was the well contaminated?  Yes  No  
Was the casing pulled?  Yes  No  
Was the casing over drilled?  Yes  No  
If casing was left in place, please show where additional perforations were made:  
Additional Perforations: \_\_\_\_\_

Existing Perforations:

Type of perforation slot	
Size of perforation .020	
From <b>1680</b> feet to <b>1700</b> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

Type of perforator used: **None**

From _____ feet to _____ feet	Number of perms per linear foot
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____

5. WATER LEVEL  
Static water level: **Unknown 780' historic** feet below land surface  
Artesian flow: **None** G.P.M. **N/A** P.S.I.

8. WELL PLUGGING MATERIALS

Water Temperature: **unknown** °F Quality **unknown**

Material Used			
Neat cement			
From <b>+1</b> feet to <b>1700</b> feet	<b>Neat cement</b>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6. Additional Notes or Comments  
**Pumped 24 sacs of Portlan Typr II cement 15 lbs per gallon Pour 6 sacs 3/8 chips & Seal top 10' with concrete.**

Neat Cement Fluid Weight **15** lbs/gal  
Bentonite Grout **none** % bentonite

**40, 164153°N**  
**116, 600387°W**  
**NAD 27**  
**(To)**

Date Started **9-16-09**  
Date Completed **09-16-09**

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STATE ENGINEERS OFFICE

9. DRILLER'S CERTIFICATION  
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.

Name **Fred Anderson Drilling, Inc.**  
(CONTRACTOR)  
Address **10760 S. Grass Valley Road**  
(CONTRACTOR)  
**Winnemucca, NV 89445**

Nevada contractor's license number issued by the State Contractor's Board **021467**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1876**

Signed **Fred Anderson Drilling Inc**  
By driller performing actual drilling on site or contractor  
Date **October 9, 2009**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY