

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

OFFICE USE ONLY **109273**
Log No. _____
Permit No. _____
Basin **053**

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. **64529**

1. OWNER **U.S. Gold Corp.** **1990-02** ADDRESS AT WELL LOCATION **Tonkin Springs Mine, west of Eureka, NV**
MAILING ADDRESS **1595 Meadowood Lane** **Reno, NV 89502** Subdivision Name: _____ County: **Eureka**

2. LOCATION **NE 1/4 NE 1/4 Sec 3 T23.5N/ R49E** Latitude **39.909692°N** UTM E **547834** NAD 27
PERMIT/WAIVER NO. _____ Longitude **116.440371°W** **4417674** NAD 83/WGS 84
Issued by Water Resources Parcel No. **N40 27 (T9)**

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 #? **78285**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **100** Feet Depth Cased **100** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	22.36	.250	+2	10
2.375	.698	.154	+2	35
2.375	.698	.154	+2	100

Existing Perforations:
Type of perforation **Slotted**
Size of perforation **.020**
From **25** feet to **35** feet
From **90** feet to **100** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **NA** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

6. Additional Notes or Comments

Pumped through BQ @ 100'
Pumped 32 - 94# bags of cement
288 gallons total

STATE ENGINEERS OFFICE
21:11 PM 23 NOV 2009

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: _____

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:
Type of perforator used: **NA**

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

8. WELL PLUGGING MATERIALS

Material Used			
From	feet to	feet	
From 0	feet to 100	feet	Cement <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

Neat Cement Fluid Weight **15.5** lbs/gal
Bentonite Grout _____ % bentonite

Date Started **13-Nov-2009**

Date Completed **14-Nov-2009**

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 **Boart Longyear Drilling Services** (CONTRACTOR)

Address **P.O. Box 5279** (CONTRACTOR)

Eiko, NV 89802

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 **2243**

Signed _____
By driller performing actual drilling on site or contractor

Date **18-Nov-09**