

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

OFFICE USE ONLY
 Log No. **109363**
 Permit No. **061**
 Basin **1/2**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **63905**

1. OWNER **Newmont Mining Corp** HDP-20 ADDRESS AT WELL LOCATION **Leeville property**
 MAILING ADDRESS **PO Box 669** **North of Carlin, NV.**
Carlin, NV. 89822 **Subdivision Name:** **County: Eureka**

2. LOCATION **NW¼SW¼ Sec2T35N/ R50E** Latitude _____ UTM E **556246** NAD 27
 PERMIT/WAIVER NO. **M/O - 1549** Longitude _____ N **4531916** NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
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Tan/Grey/Black Rock		0	120	120
Black Rock w/Clay		120	290	170
Black & Grey Rock		290	310	20
Grey Rock		310	356	46
Black/Grey Rock		356	423	67
Black Rock		423	510	87
Black/Grey Rock w/Clay		510	750	240
Black Rock		750	950	200
Grey Rock w/Clay		950	1210	260
Black/Grey Rock w/Clay		1210	1430	220
Grey Clay		1430	1470	40
Black/Grey Rock		1470	1660	190
Black/Grey Rock w/Clay		1660	2080	420
Grey Rock		2080	2320	240
Black/Grey Rock		2320	2520	200

9. WELL CONSTRUCTION
 Depth Drilled **2515** Feet Depth Cased **2498** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
20.500 Inches **0** Feet **60** Feet
14.750 Inches **60** Feet **1556** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16.00	42.05	.250	+2	60
8.000	22.36	.250	0	1654
1.500	2.72	.145	+2	1515

Perforations:
 Type of perforation **Slotted**
 Size of perforation **.125**
 From **1475** feet to **1515** feet
 From _____ feet to _____ feet

Shallow 1.5" Monitor Detail
 Neat Cement **1526** **1656** **130**
NAD-27 GPS
40.938346°N
116.331855°W
 Date started: **August 13**, 20 **09**
 Date completed: **November 6**, 20 **09**

Annular Seal: Yes No
 Neat Cement **0** to **1430** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **1465** to **1526** Pumped Poured
 Type: **1/4 SRI**
 Bentonite Chips: Yes No **1430** to **1465** Pumped Poured
 Type: **Coated Pellets**

7. Water Level
 Static water level: **363** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Boart longyear** (CONTRACTOR)
 Address **2745 California Ave.** (CONTRACTOR)
SLC., UT. 84104
 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, **2333**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **November 25, 2009**

8. 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)	

