

4) MW-9

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

OFFICE USE ONLY
Log No. 109840
Permit No. 666
Basin

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. 65400

1 OWNER **BARRIK TRSV** ADDRESS AT WELL LOCATION **HC66 Box 220**
MAILING ADDRESS **HC66 Box 220** **28 MI N/E OF GOLCONDA NV 89404**
GOLCONDA NV 89404 Subdivision Name County: **HUMBOLT**

2 LOCATION **SW 1/4 SE 1/4 Sec 27 T 39 N R 42 E** Latitude **N41°08'21.63"** UTM E NAD 27
PERMIT/WAIVER No. Longitude **W117°13'37.0"** N NAD 83/WGS 84
Issued by Water Resources Parcel No. **41.222675 N ; 117.22654 W MD 27**

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? **YES**
If yes, what is replacement well NOI? **33268**
Is there an existing well log? **NO**
UNABLE TO LOCATE -
If yes, what is NDWR well log #?

4 EXISTING WELL CONSTRUCTION
Depth Drilled **213** Feet Depth Cased **213** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.5	PVC	SCA 40	0	213

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:
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____

Existing Perforations:
Type of perforation **UNKNOWN**
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

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

8 WELL PLUGGING MATERIALS

From	feet to	Material Used	Pumped	Poured
20	213	BENTONITE GR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0	20	CEMENT	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments
*** TBG DEPTH OF WELL AT 213 FT.**
DRY WELL - UNABLE TO PULL
PVC CASING. INSTALL TREMI
PIPE. PUMP BENTONITE GROUT
FROM BOTTOM TO 20'. CEMENT
TOP 20 FT. BROKE PVC
CASING OFF AT 2 FT. BELOW
GROUND SURFACE. REMOVE
5 FT STEEL CASING.
BACKFILL TOP 1 FT WITH DIRT.

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout **12.5** % bentonite
Date Started **11-16-09**
Date Completed **11-16-09**

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 **LAYNE CHRISTENSEN CO.** Contractor
Address **12030 E. RIGGS RD.** Contractor
CHANDLER, AZ 85249
Nevada contractor's license number **43608**
issued by the State Contractor's Board
Nevada driller's license number issued by the **M-2215**
Division of Water Resources, the on-site driller
Signed **Robert Michael**
By driller performing actual drilling on site or contractor
Date **12-30-09**