

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

OFFICE USE ONLY
 Log No. 111 257
 Permit No. 63987
 Basin 061

Deepening of Well Log #
 90133

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. 65742

1. OWNER **Newmont Mining Corp** **HDDW-6** ADDRESS AT WELL LOCATION **Leeville site**
 MAILING ADDRESS **PO Box 669** **North of Carlin, NV.**
Carlin, NV. 89822 **Subdivision Name:** **County: Eureka**

2. LOCATION **SW¼SW¼ Sec2T35N/ R50E** Latitude _____ UTM E **556478** NAD 27
 PERMIT/WAIVER NO. **63987** Longitude _____ N **4531470** NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK PERFORMED New Well Replace Recondition Deepen Other _____
 4. PROPOSED USE Dewater Domestic Irrigation Test Monitor Stock
 Municipal/Industrial Air Other **Flooded Rev**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Black Rock		2650	2930	280
Black & White Rock		2930	2990	60
Grey, Black & White Rock		2990	3090	100
Black Rock		3090	3545	455
White Quartzite		3545	3625	80
<i>NAD-27 GPs 40.934312°N</i>				
<i>116.329140°W</i>				
2010 JUL 16 AM 10:52 STATE ENGINEERS OFFICE				
Cemented screen to hold back Gravel Pack		2590	2657	67
Original well log number <u>90133</u>				

9. WELL CONSTRUCTION
 Depth Drilled **3625** Feet Depth Cased **3625** Feet
HOLE DIAMETER (BIT SIZE)
 From _____ To _____
22 Inches **2650** Feet **3625** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
18	70.59	.375	2585	3625

Perforations:
 Type of perforation **Slotted**
 Size of perforation **.125**
 From **2585** feet to **3625** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ 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: _____

Date started: **June 12**, 20 **10**
 Date completed: **July 9**, 20 **10**

7. Water Level
 Static water level: **2130** feet below land surface
 Artesian Flow: **N/A** G.P.M. **N/A** P.S.I.
 Water Temperature: **69** °F
 Quality: **Good**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
200	0	1	

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 **2233**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **July 13, 2010**