

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

OFFICE USE ONLY
Log No. 113988
Permit No. _____
Basin 064

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. 60549

1 OWNER Goldcorp
MAILING ADDRESS 10 Box 160
Valmy NV 89438
2 LOCATION SE 1/4 SE 1/4 Sec 8 T 33 N/S/R 43 E
PERMIT/WAIVER No. MO-1358
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION Marygold Mine
10 Box 160 Valmy NV 89438
Subdivision Name: _____ County: _____
Latitude _____ UTM E 487207.15 NAD 27
Longitude _____ N 4509921.13 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? NO
Is there an existing well log? YES
If yes, what is replacement well NOI? _____
If yes, what is NDWR well log #? 95912

4 EXISTING WELL CONSTRUCTION
Depth Drilled 140 Feet Depth Cased 140 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>50.80</u>	<u>0'</u>	<u>140'</u>

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: Not Required
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: Not Required

Existing Perforations:
Type of perforation Horizontal slot
Size of perforation .020

From	feet to	feet	feet
<u>80'</u>		<u>140'</u>	

Type of perforator used: Not Required

From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL
Static water level none feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

Material Used			
From <u>140'</u> feet to <u>0'</u> feet	<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
Used 12 - 94# BAGS of NEVADA CEMENT

Neat Cement Fluid Weight 18 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 6-4-11
Date Completed 6-4-11

RECEIVED
2011 JUL 15 PM 11:30
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 Boart Longyear Nevada Contractor
Address PO Box 2748 Contractor
Eiko, NV 89803
Nevada contractor's license number _____
Issued by the State Contractor's Board 0073086
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1M-1820
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6-4-11

USE ADDITIONAL SHEETS IF NECESSARY

40.742638° N
117.151519° W
NAD27

MMH