

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

OFFICE USE ONLY  
Log No. 115.886  
Permit No. \_\_\_\_\_  
Basin Φ48

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. 68654

1. OWNER Wasson Mining Corporation  
MAILING ADDRESS 1658 McKinley City Hwy  
Elko NV 89801

ADDRESS AT WELL LOCATION Emigrant mine  
vertical drain well - RAN-01905

2. LOCATION NW 1/4 SE 1/4 Sec 35 T 3206 R 53 E  
PERMIT/WAIVER No. MO-1842  
Issued by Water Resources Parcel No. \_\_\_\_\_

Latitude \_\_\_\_\_ UTM E 586652  NAD 27  
Longitude \_\_\_\_\_ N 4496484  NAD 83/WGS 84  
Subdivision Name: \_\_\_\_\_ County: Elko

3. Drilling WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Other... Vertical Drain

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other...

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
<u>Black Rock w/silt mix</u>		<u>0</u>	<u>100</u>	
<u>Black Rock w/silt mix</u>		<u>100</u>	<u>200</u>	
<u>Black Rock w/silt mix</u>		<u>200</u>	<u>285</u>	
<u>Red Rock w/clay mix</u>		<u>285</u>	<u>300</u>	
<u>Red &amp; light Brown Rock w/clay mix</u>		<u>300</u>	<u>400</u>	
<u>Red &amp; light Brown Rock w/clay mix</u>		<u>400</u>	<u>475</u>	
<u>Heavy clay seam</u>		<u>475</u>	<u>500</u>	
<u>light Black &amp; Brown Rock w/silt mix</u>		<u>500</u>	<u>600</u>	
<u>light Brown &amp; tan Rock w/silt mix</u>		<u>600</u>	<u>700</u>	
<u>Broken zone</u>		<u>760</u>	<u>765</u>	
<u>Broken zone</u>		<u>785</u>	<u>800</u>	
<u>Red &amp; Brown Rock w/silt mix</u>		<u>800</u>	<u>900</u>	
<u>light Brown &amp; light Black Rock w/silt mix</u>		<u>900</u>	<u>920</u>	

8. WELL CONSTRUCTION  
Depth Drilled 920 Feet Depth Cased 920 Feet  
HOLE DIAMETER (BIT SIZE)  
From \_\_\_\_\_ To \_\_\_\_\_  
6 1/2 Inches 920 Feet 0 Feet  
Inches Feet Feet  
Inches Feet Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>Schedule 80</u>	<u>920</u>	<u>0</u>

Perforations:  
Type of perforation mill slot  
Size of perforation .860  
From 920 feet to 0 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal 6"  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
Static water level 666 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature Cool °F Quality murky

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name Boat Longyear Contractor  
Address P.O. Box 2748 Elko, NV 89801 Contractor

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 2400  
Signed [Signature] By driller performing actual drilling on site or contractor  
Date 9/13/12

Date started Sept 9<sup>th</sup> 2012  
Date completed Sept 13<sup>th</sup> 2012

7. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Air Lift</u>	<u>15</u>		<u>1 1/2 hr</u>

(Rev. 06/10) 40.614718 °N  
115.974720 °W NAD27

USE ADDITIONAL SHEETS IF NECESSARY

DUPLICATE  
RETAIN THIS COPY

ZM-01905 NOTICE OF INTENT

No. 68684

Today's Date: 7.27.12 Intended Start Date: 7.31.12

Type of Work to be Done: Drilling:  Deepening:  Reconditioning:  Plugging:

Is this a replacement well? Yes  No  If there is an existing well, what is the well log number? NA

Proposed use of well: Vertical Drains Diameter of well: 6 inches Number of wells: 1

If this well is a domestic well, is it located within a water purveyors service area? Yes  No  If yes, what is the DOM waiver: NA

If this is a monitor well required by another government agency, what is the facility ID number? NA

If this well is being completed under a waiver please provide the corresponding waiver number: MO-1842

If a water right is associated with this well, what is the permit number? NA

Location of the well by Public Land Survey: NW 1/4 SE 1/4 Sec. 35 T. 32 N/S R. 53 E

Latitude: \_\_\_\_\_ UTM E 586652  NAD 27

Longitude: \_\_\_\_\_ or UTM N 4496484  NAD 83/WGS 84

Address at well location: Emigrant Mine

Assessor Parcel Number: \_\_\_\_\_

County: Elko Subdivision Name: \_\_\_\_\_

Name of Client: Newmont Mining

Address of Client: 1655 Mtn City Hwy Elko NV 89801

Contractor's License Number: 0073086 On-Site Drillers License Number: 2400

Company Name and Address: Boart Longyear NV POBOX 2748 Elko NV

Need Log Forms  Need Intent Cards  Driller's Signature: B. Morris <sup>89801</sup>

(Rev. 04-07)

STATE ENGINEERS OFFICE

2012 SEP 27 PM 12:30

RECEIVED

IN THE OFFICE OF THE STATE ENGINEER OF NEVADA

AFFIDAVIT OF INTENT  
TO ABANDON A MONITORING WELL

Notice of Intent # 68684 NDEP Order # N/A

I, Marion Brugato Owner Name & Title  
Newmont Mining Corporation Company  
1655 Mountain City Highway Address where owner/agent can be reached  
Elko, Nevada, 89801  
775-778-4875 Telephone Number

of the real property located at:

Street Address (if any) Emigrant Mine Site - RAN-01905

County Assessor Parcel Number (APN) N/A

Situated within the NW 1/4 SE 1/4 Section 35 T 32 N R 53E E, M.D.B. & M.

{ Latitude (N): \_\_\_\_\_ } or { UTM (m) E: 586652 } Datum  
{ Longitude (W): \_\_\_\_\_ } { UTM (m) N: 4496484 } NAD83/WGS84

and whereupon one or more monitoring wells are located or to be located, fully understand that I shall be responsible for, and shall cause the existing wells to be plugged and abandoned in accordance with the provisions contained in Nevada Administrative Code (NAC) 534.4365 and all other applicable rules and regulations for drilling/plugging wells in the State of Nevada, **not later than thirty days after the date when monitoring is no longer required.**

I shall further make any purchaser of this parcel aware of these conditions.

Owner: (Printed Name): Marion Brugato (Signature): Marion Brugato

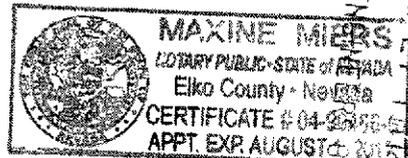
Subscribed and sworn before me this 20 day of June, 20 12

Notary Public in and for the County of Elko

State of Nevada

My commission expires Aug. 1, 2012

[Signature]  
Notary Signature



Notary Seal

STATE ENGINEER  
2012 SEP 27 11:17 AM  
RECEIVED



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

901 South Stewart Street, Suite 2002  
Carson City, Nevada 89701-5250  
(775) 684-2800 · Fax (775) 684-2811  
<http://water.nv.gov>

**NOTICE OF INTENT CARD  
APPROVAL FORM**

To: Boart Longyear - Stefanie

Date: 07/27/2012

Facsimile No.: 775-753-5278

or E-mail Address: stefanie.stewart@boartlongyear.com

This document was:

E-mailed

Faxed

NOI Card Number: 68684

**Approved**

**Rejected** (See reasons below)

Work performed	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Proposed use of well	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Intended start date	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Waiver/Permit number if applicable	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Well location (legal description, GPS coordinates)	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Parcel number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Address at well location	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Permit number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Waiver number or NDEP Facility ID Number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Address of Client	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Name of client/owner	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Contractor's license number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Onsite well driller's license number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Drilling company name/address	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Driller's signature	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Replacement well	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If yes, existing well must be plugged at time the replacement well is drilled, pursuant to NAC 534.300 Replacement Well.**

**Instructions:** Please reference M/O-1842 and the well ID (RAN-01905) on the well log. Thanks

RECEIVED  
2012 SEP 27 PM 12:30

Person reviewing NOI Card: Lynette Johnson (775) 684-2845

Date reviewed: 07/27/2012