

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

OFFICE USE ONLY
Log No. 116613
Permit No. 129
Basin 129

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. 67840

1. OWNER **Coeur Rochester Mine**
MAILING ADDRESS **PO Box 1057 Lovelock, NV 89419**
ADDRESS AT WELL LOCATION **Packard and Buena Vista Hydrographic Basins**
Subdivision Name: _____ County: **Pershing**

2. LOCATION **NW 1/4 SE 1/4 Sec 15 T28N R34E**
Latitude _____ UTM E **402956** NAD 27
Longitude _____ N **4460371** 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? Yes No
Is there an existing well log? Yes No
If yes, what is replacement well NOI? _____
If yes, what is NDWR well log #? **See attached**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **50 42** Feet Depth Cased **50 42** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	2.06	.237	0	50

Existing Perforations:
Type of perforation **Slotted**
Size of perforation **.010**
From **22** feet to **42** feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **11.49** feet below land surface
Artesian flow: **N/A** G.P.M. **N/A** P.S.I.
Water Temperature: **N/A** °F Quality **N/A**

6. Additional Notes or Comments
Materials used:
2.0 cu. ft. cement

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: **N/A**
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____

8. WELL PLUGGING MATERIALS
Material Used
From **0** feet to **50** feet **cement** Pumped Poured
From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight **15.6** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **February 1, 2012**
Date Completed **February 1, 2012**

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 Drilling Services**
(CONTRACTOR)
Address **2745 California Avenue**
(CONTRACTOR)
Salt Lake City, 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 **2376**
Signed _____
By driller performing actual drilling on site or contractor
Date **February 3, 2012**

2012 FEB 10 AM 11:14

40.290100° N
118.141687° W NAD27

Basin 129, NOI # 67840

ORIGINAL File with DWR

TBZ 2"

WELL INFORMATION REPORT

DWR USE ONLY - DO NOT FILL IN. STATE WELL NO./STATION NO., LATITUDE, LONGITUDE, APN/TRA/OTHR

Page of

Owner's Well No. MW2

Work Began Aug 2

Local Permit Agency

Permit No.

WELL OWNER: Power Rochester. WELL LOCATION: [Redacted]. WELL COMPLETION: [Redacted]. LOCATION SKETCH: Sand w/ report. ACTIVITY: NEW WELL. PLANNED USES: WATER SUPPLY. WATER LEVEL & YIELD OF COMPLETED WELL: TOTAL DEPTH OF BORING 42 (Feet), TOTAL DEPTH OF COMPLETED WELL 42.

Table with columns: DEPTH FROM SURFACE, BORE-HOLE DIA. (Inches), TYPE, MATERIAL GRADE, SAUCE OR WALL THICKNESS, SLOT SIZE IF ANY (Inches), ANNUAL MATERIAL TYPE, CE-MENT, BEN-TONITE, FILL, FILTER PACK (TYPE/SIZE).

- ATTACHMENTS (): Geologic Log, Well Construction Diagram, Geophysical Log(s), Soil/Water Chemical Analysis, Other.

CERTIFICATION STATEMENT: I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief. NAME, ADDRESS, CITY, STATE, ZIP, DATE SIGNED, C-51 LICENSE NUMBER.