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

OFFICE USE ONLY
Log No. 116753
Permit No.
Basin Ø16

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK
TMO-30002

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 67396

1. OWNER NEWMONT MINING CORP
MAILING ADDRESS PO BOX 69
GOLCONDA NEVADA 89414

ADDRESS AT WELL LOCATION TWIN CREEKS MINE
Subdivision Name:
County: HUMBOLDT

2. LOCATION SW ¼ SW ¼ Sec 3 T39 ☐S R 43 E
PERMIT/WAIVER No. M/O-1753 (Issued by Water Resources) Parcel No.

Latitude
Longitude
UTM E 481767 ☒ NAD 27
N 4570003 ☐ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Other

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

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ALLUVIUM		0	300	300
CLAY		300	440	140
BEDROCK		440	1000	560

TRANSDUCER IS AT 1000', PUMP CEMENT GROUT FROM 1000' TO 400' THROUGH 1½" PVC. THAT WAS LEFT IN HOLE

Date started: NOV 22, 20 11
Date completed: DEC 5, 20 11

9. WELL CONSTRUCTION
Depth Drilled 1000 Feet Depth Cased 1000 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
7 5/8"	Inches	0	Feet	20	Feet
6"	Inches	20	Feet	1000	Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1½	"	Sch 80 PVC.	0	1000

Perforations:
Type of perforation NO
Size of perforation NO
From feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☐ No
☒ Neat Cement 10 to 0 ☐ Pumped ☒ Poured
☒ Cement Grout 1000 to 400 ☒ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout 400 to 10 ☒ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 475 feet below land surface
Artesian Flow: NO G.P.M. N/A P.S.I.
Water Temperature: COOL °F
Quality: GOOD

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 P.O BOX 2748 (Contractor)
ELKO NEVADA 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 ~~2437~~ 2447
Signed (By driller performing actual drilling on-site or contractor)
Date 12-5-11

(Rev. 05-06)
USE ADDITIONAL SHEETS IF NECESSARY
41.283312°N
117.122196°W
NAD27
(NSPO 3-08)
(O) 627