

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

OFFICE USE ONLY
Log No. 116914
Permit No. 49613
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. 70079

1. OWNER Coeur Rochester inc ADDRESS AT WELL LOCATION Coeur Rochester mine
MAILING ADDRESS P.o. Box 1057 Lovelock nv 89419 Subdivision Name: _____ County Pershing

2. LOCATION Nw ¼ Se ¼ Sec 15 T 28n N/S R 34 E Latitude 40°17'14.0115 UTM E NAD 27
PERMIT/WAIVER No. 49613 Longitude 118°8'37.2335 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cement seal		-6'	60'	
Hole # Pw-3a				
Fill dirt		0'	35'	35'
Siltstone		35'	80'	45'
Rhyolite	X	80'	620'	540'

*NAD 83
40.287232°N
118.142714°W*

*Replaces 27554
Orig Drilled by 116917*

9. WELL CONSTRUCTION

Depth Drilled 620' Feet Depth Cased 620' Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
18"	0'	20'
13"	20'	560'
12.25"	560'	620'

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6"	N/a	Sch-40	+2'	620'

Perforations:

Type of perforation Horizontal slot
Size of perforation .041

From 510' feet to 610' feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 6' to 60' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 508' to 620' Pumped Poured
Type: #8 sand

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: 508'-60' 3/4" bentonite chip

Date started: 4/22 . 20 13
Date completed: 4/25 . 20 13

7. Water Level

Static water level: 299' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Clear °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
620'	80	N/a	3hrs

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 Nevada Contractor
Address PO Box 2748 Contractor
Eiko, NV 89803

Nevada contractor's license number 0021976
issued by the State Contractor's Board

Nevada driller's license number issued by the 1942
Division of Water Resources, the on-site driller

Signed William R. Ritz
By driller performing actual drilling on site or contractor

Date 5/6/13