

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

OFFICE USE ONLY
Log No. 117815
Permit No. _____
Basin Q48

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

RAN-01877

NOTICE OF INTENT NO. 68614 ✓

1. OWNER Newmont Mining Corp
MAILING ADDRESS 1655 Mtn City Hwy
Elko, Nevada 89801

ADDRESS AT WELL LOCATION Emigrant mine
Subdivision Name: _____ County: Elko

2. LOCATION S 21 1/4 Sec 35 T 32 N R 53 E
PERMIT/WAIVER No. MO-1507
Issued by Water Resources Parcel No. _____

Latitude UTM E 586599 NAD 27
Longitude N 4496383 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	Thick-ness
<u>clay rock mix</u>		<u>0</u>	<u>180</u>	
<u>clay</u>		<u>180</u>	<u>210</u>	
<u>clay rock mix</u>		<u>210</u>	<u>330</u>	
<u>Pumped Grout Bottoms</u>				
<u>up using WC. 10' 10</u>				
<u>0' neat cement.</u>				

9. WELL CONSTRUCTION
Depth Drilled 330 Feet Depth Cased 330 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 330
6 Inches 0 Feet 330 Feet
Inches Feet Feet
Inches Feet Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
1 1/2 0 330

Perforations:
Type of perforation None
Size of perforation _____
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement 10 to 0 Pumped Poured
 Cement Grout 330 to 10 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 3-10-12 , 20
Date completed: 3-12-12 , 20

7. Water Level
Static water level: 112 feet below land surface
Artesian Flow: 0 G.P.M. 0 P.S.I.
Water Temperature: cool °F
Quality: medium

8. 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>Airlift for 15 min before well</u>			
<u>went dry 5:30pm</u>			

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
Elko, 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 2400
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 3-12-12

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STATE ENGINEERS OFFICE

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

NAD 27 40.615637°N, 115.976264°W