

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

OFFICE USE ONLY
Log No. 117819
Permit No. _____
Basin 048

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

1. OWNER Newmont Mining Corp
MAILING ADDRESS 1655 Mtn City Hwy
NE 1/4 SW Elko, Nevada 89801

NOTICE OF INTENT NO. 68619
ADDRESS AT WELL LOCATION Emigrant mine

2. LOCATION S 1/4 WC 1/4 Sec 35 T 32 N/S R 53 E
PERMIT/WAIVER No. MS-1807
Issued by Water Resources Parcel No. _____

Subdivision Name: _____ County: Elko
Latitude _____ UTM E 586454 NAD 27
Longitude _____ N 4495993 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
<u>Fractured hard rock + clay mix</u>		<u>140</u>	<u>160</u>	
<u>hard rock + clay mix</u>		<u>160</u>	<u>305</u>	
<u>hard rock + clay mix</u>		<u>315</u>	<u>450</u>	
<u>Pumped Grout through PVC bottom up, 450-10' neat cement 10' surface.</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet	
HOLE DIAMETER (BIT SIZE)				
	From	To		
	<u>6</u> Inches	<u>0</u> Feet	<u>450</u> Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2</u>			<u>0</u>	<u>450</u>
Perforations:				
Type of perforation	_____			
Size of perforation	_____			
From _____	feet to _____	feet	feet	feet
From _____	feet to _____	feet	feet	feet
From _____	feet to _____	feet	feet	feet
From _____	feet to _____	feet	feet	feet
From _____	feet to _____	feet	feet	feet
Annular Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> Neat Cement	<u>10</u> to <u>0</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured	
<input checked="" type="checkbox"/> Cement Grout	<u>450</u> to <u>10</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<input type="checkbox"/> ≥30% Bentonite Grout	<u>0</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Type: _____				
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Type: _____				

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Date started: March 15th, 20 12
Date completed: March 22nd, 20 12

7. Water Level
Static water level: 134 feet below land surface
Artesian Flow: 0 G.P.M. 0 P.S.I.
Water Temperature: Cool °F
Quality: muddy

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Airlift at 160' - 3 gpm</u>			
<u>Airlift at 310' - 12 gpm</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 3-22-12

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

NAD27 40.612139° N, 115.978031° W