



DUPLICATE  
RETAIN THIS COPY

PZ-1028

NOTICE OF INTENT

No. 69371

Today's Date: 10/3/12

Intended Start Date: 10/10/12

Type of Work to be Done: Drilling:  Deepening:  Reconditioning:  Plugging:

Is this a replacement well? Yes  No  If there is an existing well, what is the well log number? n/a

Proposed use of well: Abandonment Diameter of well: 4 1/2 inches Number of wells: 1

If this well is a domestic well, is it located within a water purveyors service area? Yes  No  If yes, what is the DOM waiver: n/a

If this is a monitor well required by another government agency, what is the facility ID number? n/a

If this well is being completed under a waiver please provide the corresponding waiver number: MP-1027

If a water right is associated with this well, what is the permit number? n/a

Location of the well by Public Land Survey: SE 1/4 NE 1/4 Sec. 14 T 24 N 57 E

Latitude: UTM E 6226617.05  NAD 27

Longitude: UTM N 4422767.12  NAD 83/WGS 84

Address at well location: Bald Man

Assessor Parcel Number:

County: White Pine Subdivision Name:

Name of Client: Barrick Gold

Address of Client: PO Box 2700 Elko, NV 89803

Contractor's License Number: 0073086 On-Site Drillers License Number: M-2262

Company Name and Address: Board Langyear PO Box 2748 Elko, NV 89803

Need Log Forms  Need Intent Cards  Driller's Signature: Frank Stephens

RECEIVED  
2012 OCT 29 PM 1:40  
STATE ENGINEERS OFFICE

PZ-1028

IN THE OFFICE OF THE STATE ENGINEER OF NEVADA

AFFIDAVIT OF INTENT TO ABANDON A MONITORING WELL

Notice of Intent # None NDEP Order # None

I, Darek Huebner, Env. Superintendent Owner Name & Title  
Barrick Bald Mountain Mine Company  
P.O. Box 2706 Address where owner/agent can be reached  
Elko, NV 89803  
(775)-237-5885 Telephone Number

of the real property located at:

Street Address (if any) State Route 892 - Minesite, Ely, NV 89301

County Assessor Parcel Number (APN) \_\_\_\_\_

All Topo  
PLSQQ

Situated within the SE 1/4 NE SE 1/4 NE Section 14 T 24 N R 57 E, M.D.B. & M.  
23 24 57 2P

{ Latitude (N): Site TC-1063/ } or { UTM (m) E: 626612.05 } Datum  
{ Longitude (W): TOP\_E } { UTM (m) N: 4422767.12 } NAD83/WGS84

and whereupon one or more monitoring wells are located or to be located, fully understand that I shall be responsible for, and shall cause the existing wells to be plugged and abandoned in accordance with the provisions contained in Nevada Administrative Code (NAC) 534.4365 and all other applicable rules and regulations for drilling/plugging wells in the State of Nevada, not later than thirty days after the date when monitoring is no longer required.

I shall further make any purchaser of this parcel aware of these conditions.

Owner: (Printed Name): Darek Huebner (Signature): Darek Huebner

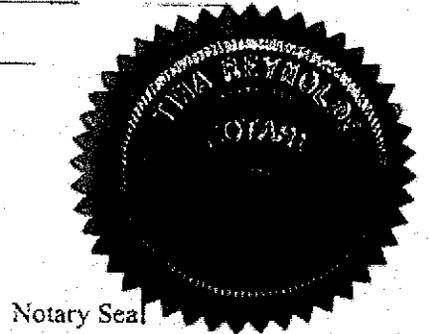
Subscribed and sworn before me this 20th day of April, 20 10

Notary Public in and for the County of Elko

State of Nevada

My commission expires November 20, 2011

[Signature]  
Notary Signature



Notary Seal

Revised 07/09



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

901 South Stewart Street, Suite 2002  
Carson City, Nevada 89701-5250  
(775) 684-2800 · Fax (775) 684-2811  
<http://water.nv.gov>

**NOTICE OF INTENT CARD  
APPROVAL FORM**

To: Boart Longyear - Sheena

Date: 10/04/2012

Facsimile No.: 775-753-5278

or E-mail Address: sheena.hansen@boartlongyear.com

This document was:

E-mailed

Faxed

NOI Card Number: 69371

**Approved**

**Rejected** (See reasons below)

Work performed	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Proposed use of well	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Intended start date	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Waiver/Permit number if applicable	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Well location (legal description, GPS coordinates)	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Parcel number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Address at well location	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Permit number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Waiver number or NDEP Facility ID Number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Address of Client	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Name of client/owner	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Contractor's license number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Onsite well driller's license number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Drilling company name/address	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Driller's signature	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Replacement well	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If yes, existing well must be plugged at time the replacement well is drilled,  
pursuant to NAC 534.300 Replacement Well.**

**Instructions:** Please reference M/O-1627, Well ID PZ-1028, and Well Log No. 112634 on the Plugging Report.

Person reviewing NOI Card: Lynette Johnson (775) 684-2845

Date reviewed: 10/04/2012