

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

OFFICE USE ONLY
Log No. 119234
Permit No. _____
Basin 155

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. 70486

1 OWNER BARRICK Gold Strike ADDRESS AT WELL LOCATION BALD Mtn Mine
MAILING ADDRESS P.O. Box 2706 ELKO, NV 89803 Subdivision Name: _____ County: WHITE PINE

2 LOCATION 1/4 Sec 24 T 24 S R 56 E Latitude 630434.6 NAD 27
PERMIT/WAIVER NO. D-000702 06 25 58 Longitude N 4417258.1 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? NO
If yes, what is replacement well NOI? _____
Is there an existing well log? YES
If yes, what is NDWR well log #? ADA

4 EXISTING WELL CONSTRUCTION
Depth Drilled 55 Feet Depth Cased 55 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>.0379</u>	<u>.154</u>	<u>0'</u>	<u>55'</u>

Existing Perforations:
Type of perforation SLOT
Size of perforation 1.010
From 35' feet to 55' feet
From _____ feet to _____ feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used: NONE
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____

5 WATER LEVEL
Static water level _____ feet below land surface
Artesian flow NO G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

Material Used				Pumped	Poured
From <u>0</u> feet to <u>55</u> feet	<u>CEMENT</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured		
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		

6 Additional Notes or Comments

PLS. ON APPROVAL FORM
SE 1/4 NE 1/4 SEC. 6, T23N, R58E
NEU 0098100
Changed by DWR Staff
NAD27
39.8954136°N
115.473425°W
Plugs unknown well log

Neat Cement Fluid Weight 15 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 9-20-13
Date Completed 9-30-13

9 DRILLER'S CERTIFICATION

This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name BOUNT LONGYEAR NEVADA Contractor
Address P.O. BOX 2748 ELKO, NV 89803 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0021976
Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
Signed [Signature]
Date _____
By driller performing actual drilling on site or contractor

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Log# 118234

FORM 1
STATE ENGINEERS OFFICE
DIVISION OF WATER RESOURCES

NOTICE OF INTENT

No. T0480

Today's Date: 9-20-13

Intended Start Date: 9-24-13

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? _____

Proposed use of well: Monitor Diameter of well: 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: NA

If this is a monitor well required by another government agency, what is the facility ID number? D-000762

If this well is being completed under a waiver please provide the corresponding waiver number: NA

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

Location of the well by Public Land Survey: NW 1/4 NE 1/4 Sec. 24 T. 24 N. R. 56 E

Latitude: _____ or UTM E 630434.6 NAD 27

Longitude: _____ or UTM N 4417258.1 NAD 83/WGS 84

Address at well location: Bald Mtn Mine

Assessor Parcel Number: _____ Subdivision Name: _____

County: White Pine

Name of Client: Barrick Goldstrike

Address of Client: PO Box 2706 Elko NV 89803

Contractor's License Number: 0021976 On-Site Drillers License Number: _____

Company Name and Address: Boast Longyear Co PO Box 2748 Elko NV 89803

Need Log Forms Need Intent Cards Driller's Signature: _____

(Rev. 04-07)

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**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 - Aaron Ogle

Date: 09/30/2013

Facsimile No.: 775-753-5278

or E-mail Address: aaron.ogle@boartlongyear.com

This document was:

E-mailed

Faxed

NOI Card Number: 70480, 70481

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.

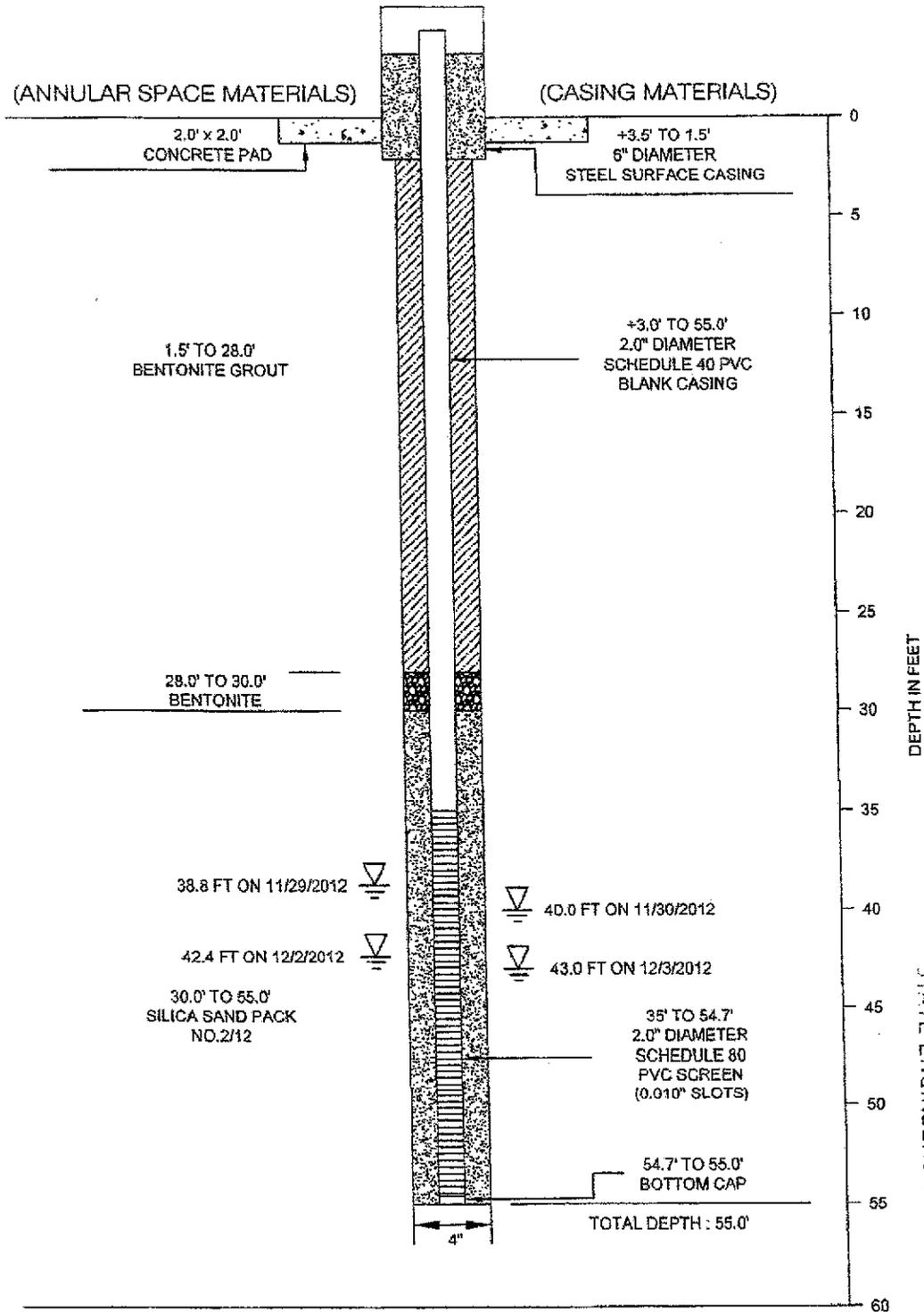
Instructions: This approval is only for plugging monitoring wells PP-1 and PP-2. Please note that the PLS is SE1/4 NE1/4 sec. 6, T23N, R58E. Also, note NEV 0098100 on the well logs. Thank you.

Person reviewing NOI Card: Karen LeFebre (775) 684-2813

Date reviewed: 09/30/2013

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951 Matley Lane, Suite 110
 Reno, Nevada
 USA 89502

Tel: 1 + (775) 331-2375
 Fax: 1 + (775) 331-4153
 www.amec.com

JOB NO. 12-417-01029
 DESIGN N/A
 DRAWN TDP
 DATE 12/10/12
 SCALE NONE

PP-1 WELL INSTALLATION DETAILS
 MOONEY PAD 5 HEAP LEACH FACILITY
 MOONEY BASIN PROJECT
 BARRICK
 WHITE PINE COUNTY, NEVADA

BRIAN SANDOVAL
GOVERNOR

STATE OF NEVADA

LEO DROZDOFF
Director

JASON KING, P.E.
State Engineer



DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES

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Carson City, Nevada 89701-5250
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<http://water.nv.gov>

NOTICE OF INTENT CARD
APPROVAL FORM

To: Cascade Drilling - Tabitha

Date: 11/21/2012

Facsimile No.: _____

or E-mail Address: _____

This document was:

E-mailed

Faxed

NOI Card Number: 916-638-5611

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: Coordinates plot: NE1/4 NW1/4 Sec07 T19N R20E, please correct your NOI card. Reference NDEP No. D-000762 on the well log. Thanks.

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

Date reviewed: 11/21/2012

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