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

OFFICE USE ONLY
Log No. 118237
Permit No.
Basin 175

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Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 70482

1 OWNER Barrick Gold Strike
MAILING ADDRESS P.O. Box 2706 Elko, NV 89803
ADDRESS AT WELL LOCATION Bald Mt Mine State Route 892 Ely, NV 89803
Subdivision Name: County: White Pine

2 LOCATION NW ¼ NE ¼ Sec 24 T 24N S R 56 E
PERMIT/WAIVER No. Issued by Water Resources Parcel No.
Latitude 39° 56' 33.51 N
Longitude 115° 36' 49.36 W
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

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 #? N/A

4 EXISTING WELL CONSTRUCTION
Depth Drilled 95 Feet Depth Cased 95 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SH 40	0	95

Existing Perforations:
Type of perforation Slot
Size of perforation .010
From 76' feet to 95 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

5 WATER LEVEL
Static water level feet below land surface
Artesian flow G.P.M. P.S.I
Water temperature °F Quality

6 Additional Notes or Comments
PLS ON APPROVAL FORM
NE 1/4 NW 1/4 SEC 07, T19N, R20E
REFERENCE # NDEP D-000762

plugs unknown well log
NAD27
39.9422 12 N
115.612 8300 W

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 perforater 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

8 WELL PLUGGING MATERIALS
Material Used
From 0 feet to 95 feet CEMENT ☐ Pumped ☒ Poured
From feet to feet ☐ Pumped ☐ Poured
From feet to feet ☐ Pumped ☐ Poured
From feet to feet ☐ Pumped ☐ Poured
From feet to feet ☐ Pumped ☐ Poured
From feet to feet ☐ Pumped ☐ Poured

Neat Cement Fluid Weight 15 lbs/gal
Bentonite Grout % bentonite
Date Started 9-30-13
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 Boart Longyear Nevada
Contractor
Address P.O. Box 2706 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 2426
Signed [signature]
By driller performing actual drilling on site or contractor
Date 9-30-13

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(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

Log# 118237

PP-3

NOTICE OF INTENT

No. 70402

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 facilitiy 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: _____ 1/4 _____ 1/4 Sec. _____ T _____ N/S R _____ E

Latitude: 39°56'33.51 UTM E _____ ☐ NAD 27

Longitude: 115°36'49.63 or UTM N _____ ☑ NAD 83/WGS 84

Address at well location: Bald Mtn Mine

Assessor Parcel Number: _____

County: White Pine Subdivision Name: _____

Name of Client: Barrick Goldstrike

Address of Client: PO Box 2704 Elko NV 89803

Contractor's License Number: 0021974 On-Site Drillers License Number: _____

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

Hand Log Forms ☐ Hand Intent Cards ☐

(Rev. 04-07) Driller's Signature: _____

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Log# 118237

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

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: 09/23/2013

Facsimile No.: 775-753-5278 or E-mail Address: aaron.ogle@boartlongyear.com

This document was: ☑ E-mailed ☐ Faxed

NOI Card Number: 70482, 70483 ☑ **Approved** ☐ **Rejected** (See reasons below)

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

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 monitoring wells PP-3 and PP-4. I still need coordinates for monitoring wells PP-1 and PP-2. The coordinates that were sent are the same for both wells.

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

Date reviewed: 09/27/2013

Log# 118237

PP-3

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

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Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 69060

1. OWNER Barrick Gold
MAILING ADDRESS 460 W 50 North Suite 500
Salt Lake City, UT 84101

ADDRESS AT WELL LOCATION Bald Mountain Mine
State Route 892 Ely, NV 89803
Subdivision Name: County:

2. LOCATION NW ¼ NE ¼ Sec 24 T 24N N/S R 56 E
PERMIT/WAIVER No. (Issued by Water Resources) Parcel No.

Latitude 39°56'33.51"N
Longitude 115°36'49.63"W
UTM E N
☐ NAD 27 ☒ 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 Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand		0	5	5
Sand, some Silt		5	20	15
Sandy Dry		20	40	20
Silt, some Sand		40	60	20
Clay, some Silt, Dry		60	75	15
Clay, Dry		75	85	10
Sand, Clay, Dry		85	90	5
Sand Saturated	X	90	93	3
Sand, Silt, Hard, Dry		93	95	2

Date started: 18-Nov , 20 12
Date completed: 3-Dec , 20 12

9. WELL CONSTRUCTION
Depth Drilled 95 Feet Depth Cased 95 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
6	Inches	0	Feet	95	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		Sch 40	0	95

Perforations:
Type of perforation Slot
Size of perforation .010
From 75 feet to 95 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☐ No
☒ Neat Cement 3 to 70 ☒ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ >30% Bentonite Grout to ☐ Pumped ☐ Poured

Gravel Pack: ☒ Yes ☐ No 73 to 95 ☐ Pumped ☒ Poured
Type: 2/12
Bentonite Chips: ☒ Yes ☐ No 70 to 73 ☐ Pumped ☒ Poured
Type: Coated Pellets, TR60 3/8"

7. Water Level
Static water level: 45 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: °F
Quality:

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Cascade Drilling, L.P. (Contractor)
Address 3532 Omec Circle (Contractor)
Rancho Cordova, CA 95742
Nevada contractor's license number issued by the *State Contractor's Board* 0073966
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* 2425
Signed (By driller performing actual drilling on site or contractor)
Date

USE ADDITIONAL SHEETS IF NECESSARY

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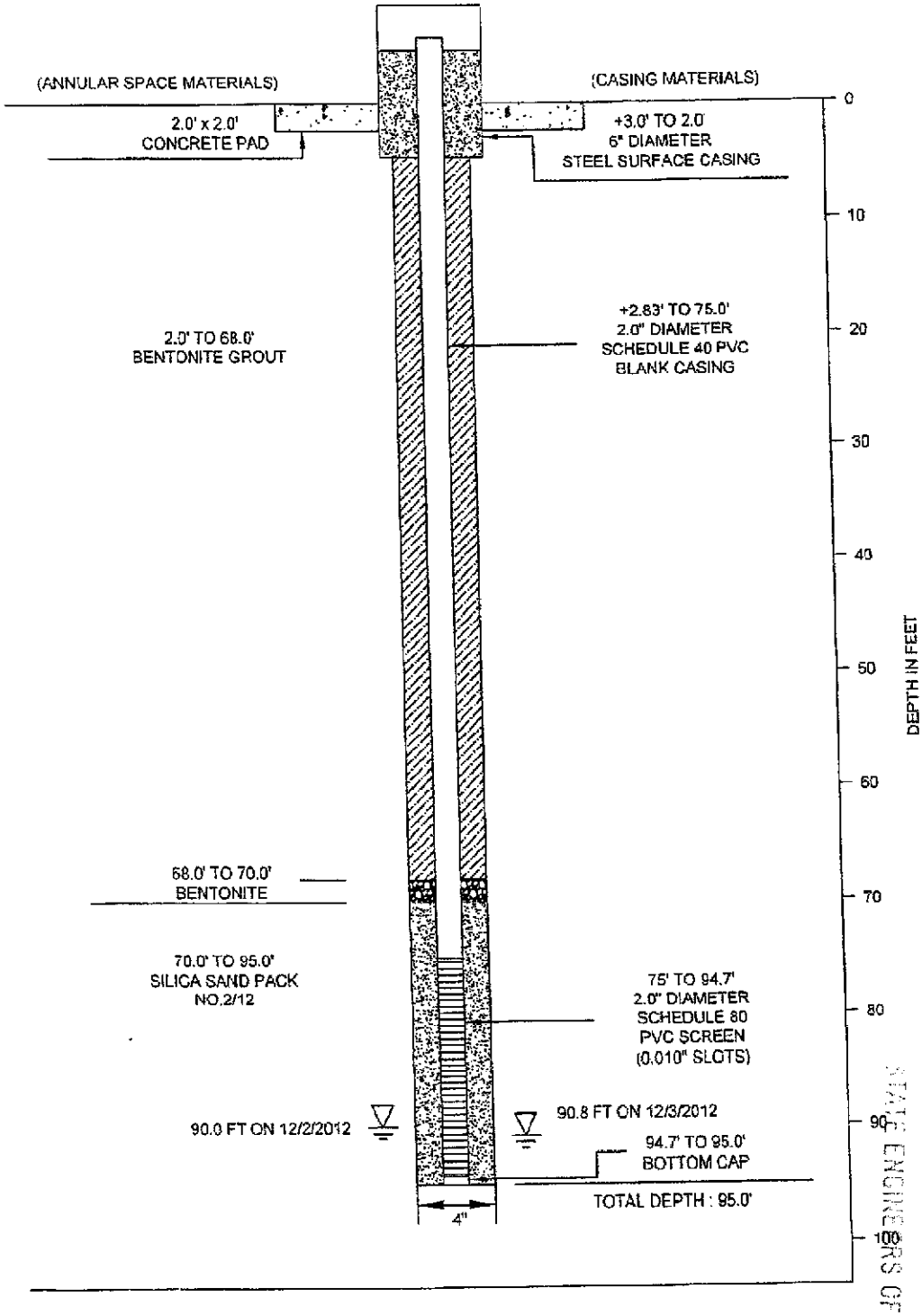

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amec
961 Matley Lane, Suite 110
Reno, Nevada
USA 89502
Tel: 1 + (775) 331-2375
Fax:1 + (775) 331-4153
www.amec.com

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

PP-3 WELL INSTALLATION DETAILS
MOONEY PAD 5 HEAP LEACH FACILITY
MOONEY BASIN PROJECT
BARRRICK
WHITE PINE COUNTY, NEVADA

AMEC DRAWING NO.1241701029_PIEZO PP1 THRU PP4.DWG

Log# 118237

BRIAN SANDOVAL
GOVERNOR

STATE OF NEVADA

LEO DROZDOFF
Director

JASON KING, P.E.
State Engineer

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

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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