

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

OFFICE USE ONLY
Log No. 114238
Permit No. _____
Basin 175

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. 70443

1 OWNER BARRYK GOLDSTEINE ADDRESS AT WELL LOCATION Bald Mt. Mans
MAILING ADDRESS P.O. BOX 2706 STATE ROUTE 892 ELKO, NV 89803
SW ELKO, NV 89803 Subdivision Name: _____ County: White Pine

2 LOCATION NW 1/4 NE 1/4 Sec 24 T 21 S R 56 E Latitude 39° 56' 33.51" N UTM E NAD 27
PERMIT/WAIVER No. _____ Longitude 115° 36' 49.63" W N 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 #? NA

4 EXISTING WELL CONSTRUCTION
Depth Drilled 45 Feet Depth Cased 45 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>.0579</u>	<u>.154</u>	<u>0</u>	<u>25</u>

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: _____

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet
<u>SLOT</u>	<u>.010</u>	<u>25</u>	<u>feet to</u>	<u>45</u> feet

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

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

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<u>0</u>	<u>feet to</u>	<u>45</u>	<u>CEMENT</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6 Additional Notes or Comments
PLS ON APPROVAL FORM
NE 1/4 NW 1/4 SEC 07, 119N R20E
REFERENCE # D-00762

plugs unknown well log
NAD83
39.942412° N
115.61283° W

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 LONG LONG YEAR 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 9-30-13
By driller performing actual drilling on site or contractor

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Log # 118238

7P-4

NOTICE OF INTENT

No. 70403

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 S. R. 56 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 2706 Elko NV 89803

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

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

Read Log Forms Read Intent Cards

Driller's Signature: _____

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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: 09/23/2013

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	<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"/>		

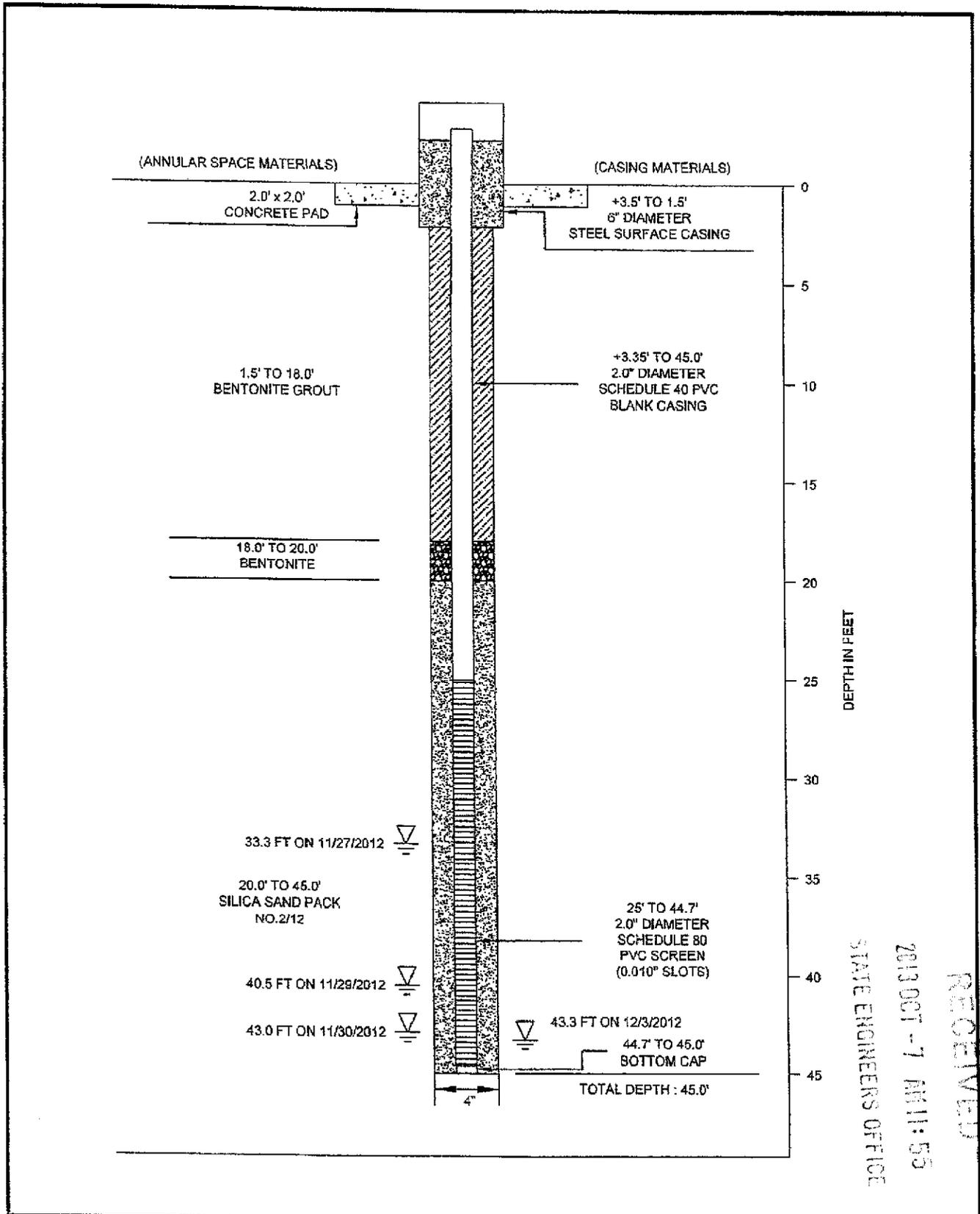
If yes, existing well must be plugged at time the replacement well is drilled, pursuant to NAC 534.300 Replacement Well.

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.

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

Date reviewed: 09/27/2013

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amec
 961 Matley Lane, Suite 110
 Reno, Nevada
 USA 89502

Tel: 1 + (775) 331-2375
 Fax: 1 + (775) 331-4163
 www.amec.com

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

PP-4 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



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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	<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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