

PD-6

NOTICE OF INTENT

No. 70503

Today's Date: 1-27-14

Intended Start Date: 1-30-14

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? 87946

Proposed use of well: Monitor Diameter of well: 4 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? _____

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

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

Location of the well by Public Land Survey: NE 1/4 SE 1/4 Sec. 18 T 26 N S R 48 E

Latitude: _____ UTM E 533747.23 NAD 27

Longitude: _____ or UTM N 4441183.2 NAD 83/WGS 84

Address at well location: Carter

Assessor Parcel Number: _____

County: Lander Subdivision Name: _____

Name of Client: Barrick/Carter Gold Mines

Address of Client: HC 66 Box 1250 Crescent Valley, NV 89821

Contractor's License Number: 0021976 On-Site Drillers License Number: 2446

Company Name and Address: Boact Longyear Co 20 Box 2748 Elko NV 89803

Need Log Forms Need Intent Cards

(Rev. 04-07)

Driller's Signature: Bryan Bailey

RECEIVED
2014 FEB 27 AM 11:00
STATE ENGINEERS OFFICE



RECEIVED
2014 FEB 27 AM 11:08
STATE ENGINEERS OFFICE

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

Date: 01/29/2014

Facsimile No.: 775-753-5278

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

This document was: E-mailed Faxed

NOI Card Number: 70503

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 well log 87946 and all other required information on well log. Unknown waiver.

Person reviewing NOI Card: Amanda Brownlee (775) 684-2828

Date reviewed: 01/29/2014