

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

OFFICE USE ONLY
Log No. 121063
Permit No. _____
Basin 044

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. 72240

1. OWNER VerisGold USA, Inc.
MAILING ADDRESS HC 31 Box 78, Elko NV 89801

ADDRESS AT WELL LOCATION Jerritt Canyon Mine
Subdivision Name: _____ County: ELKO

2. LOCATION SE 1/4 NE 1/4 Sec 4 T 40 N S R 54 E
PERMIT/WAIVER No. NEV0000020 LOT 24
Issued by Water Resources Parcel No. _____

Latitude 41.391571 UTM E NAD 27
Longitude -107.890977 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
<u>Brown Silty Gravel</u>	<u>Dry</u>	<u>0</u>	<u>22</u>	<u>22</u>
<u>Brown Clay with Silt</u>	<u>Dry</u>	<u>22</u>	<u>87</u>	<u>65</u>
<u>Brown Silty Gravel</u>	<u>Dry</u>	<u>87</u>	<u>100</u>	<u>13</u>

9. WELL CONSTRUCTION
Depth Drilled 100 Feet Depth Cased 100 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 20 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>Sch 40</u>	<u>72</u>	<u>100</u>

Perforations:
Type of perforation Factory Slot
Size of perforation 0.10
From 20 feet to 80 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 16 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 18 to 100 Pumped Poured
Type: 10/20 Silica Sand
Bentonite Chips: Yes No 16 to 18 Pumped Poured
Type: 3/8 Bentonite chips

Date started: 6/17/14 , 20 14
Date completed: 6/17/14 , 20 14

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

8. WELL TEST DATA			
TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Mod 27</u>			
<u>41.3916629W</u>			
<u>115.8909639W</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Haz-Teh Drilling, Inc. Contractor
Address PO Box 940 Contractor
Meridian, ID. 83680
Nevada contractor's license number _____
issued by the State Contractor's Board 0039018
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-2246
Signed Open Adams
By driller performing actual drilling on-site or contractor
Date 7/9/14