

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

OFFICE USE ONLY
Log No. 122735
Permit No. _____
Basin Oldo

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. 72728

1 OWNER NEWMONT MINING CORP ADDRESS AT WELL LOCATION TWIN CREEKS MINE
MAILING ADDRESS P.O. BOX 69
GOLCONDA NEVADA 89414 Subdivision Name _____ County: HUMBOLDT
2 LOCATION SW 1/4 NE 1/4 Sec 29 T 39 S R 43 E Latitude 487276 NAD 27
PERMIT/WAIVER No. M/O-1174 Longitude N 4564495 NAD 83/WGS 84
Issued by Water Resources Parcel No _____

3 TYPE OF WELL Is this well being plugged because a replacement well was drilled? NO Is there an existing well log? YES
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor Stock If yes, what is replacement well NO? _____ If yes, what is NDWR well log #? 74809

4 EXISTING WELL CONSTRUCTION
Depth Drilled 80 Feet Depth Cased 80 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5.6</u>		<u>.188</u>	<u>0</u>	<u>8</u>
<u>2 1/2</u>		<u>SCH 80</u>	<u>0</u>	<u>80</u>

Existing Perforations

Type of perforation	Size of perforation	From	To
<u>SLOT</u>	<u>0.20</u>	<u>40</u> feet	<u>80</u> 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: _____

From	To	Number of perfs per linear foot

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

8 WELL PLUGGING MATERIALS

From	To	Material Used	Pumped	Poured
<u>80</u>	<u>0</u>	<u>CEMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments
4-9416 BAGS CEMENT
VW-8
Had 27
41,233061 N
11,151827 W

Neat Cement Fluid Weight 15.1 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 6-23-15
Date Completed 6-23-15

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 Contractor
Address P.O. BOX 2748 Contractor
EIKO, NEVADA 89805
Nevada contractor's license number _____
Issued by the State Contractor's Board 2497
Nevada driller's license number issued by the Division of Water Resources, the on site driller 0021976
Signed Sen Schick
By driller performing actual drilling on site or contractor
Date 6-28-15

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 08/02)