

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

OFFICE USE ONLY
Log No. 122737
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. 73698

1 OWNER NEWMONT MINING CORP ADDRESS AT WELL LOCATION TWIN CREEKS MINE
MAILING ADDRESS P.O. BOX 69 Subdivision Name _____ County: HUMBOLDT
GOLCONDA NEVADA 89414

2 LOCATION SW 1/4 NW 1/4 Sec 28 T 39 N R 43 E Latitude UTM E 488083 NAD 27
PERMIT/WAIVER No. M/D-1124 Longitude N 4564617 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
Is there an existing well log? YES
If yes, what is NDWR well log #? 73354

4 EXISTING WELL CONSTRUCTION
Depth Drilled 90 Feet Depth Cased 90 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>.188</u>	<u>0</u>	<u>8</u>
<u>2 1/2</u>		<u>Sch 80</u>	<u>0</u>	<u>90</u>

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	To	feet
<u>3 SLOT</u>	<u>0.20</u>	<u>50</u>	<u>90</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: _____

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	feet to	feet	Number of perms 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	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<u>90</u>	<u>0</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
6-9416 bags CEMENT
VW-21
Had 27
41.23440.20W
11.11.22ccw
plugs well log 73354

Neat Cement Fluid Weight 15.1 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 6-25-15
Date Completed 6-25-15

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 89803
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2497
Signed Don Schult By driller performing actual drilling on site or contractor
Date 6-28-15

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