

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

OFFICE USE ONLY

Log No. 123141

Permit No. _____

Basin 066

**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. 73702
WELL NAME (if applicable) TMO-19034

1 OWNER Newmont Mining Corp.
MAILING ADDRESS P.O. Box 69
Golconda Nevada 89414

ADDRESS AT WELL LOCATION Twin Creeks Mine

2 LOCATION SE ¼ NW ¼ Sec 18 T 38N N/S R 43 E
PERMIT/WAIVER No. M/O-1553

Subdivision Name _____ County Humboldt
Latitude UTM E 485345 NAD 27
Longitude N 4566008 NAD 83/WGS 8

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 NO? _____
Is there an existing well log? Yes
If yes, what is NDWR well log #? 109553

4 EXISTING WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ 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: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 3/8	Steel	.250	+2	1385

Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: _____ feet to _____ feet
Was the casing over drilled? yes no

Existing Perforations
Type of perforation Slot
Size of perforation 1/8"

From <u>1265</u>	feet to	<u>1365</u>	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet

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 parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____
From _____	feet to	_____	feet	Number of parts per linear foot _____

5 WATER LEVEL
Static water level 0 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ *F Quality _____

6 Additional Notes or Comments
45, 94 lb. bags of cement

8 WELL PLUGGING MATERIALS

Material Used					
From <u>1365</u>	feet to	<u>+2</u>	feet	<u>Neat cement</u>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to	_____	feet	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to	_____	feet	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to	_____	feet	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to	_____	feet	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to	_____	feet	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Neat Cement Fluid Weight 15.1 lbs/gal
Bentonite Grout _____ % bentonite

Date Started 7-7-15
Date Completed 7-7-15

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 COMPANY
Address PO BOX 2748 ELKO, NV. 89803

NAD 27
41.2472660N
117.1749040W

Nevada contractor's license number 0021976
issued by the State Contractor's Board
Nevada driller's license number issued by the 2447
Division of Water Resources, the on-site driller
Signed _____
Date 7-15-15

Plugs log 109553

ORIGINAL
FILE WITH DIVISION OF
WATER RESOURCES

NOTICE OF INTENT

No. 73702

Today's Date: 6-25-15

Intended Start Date: 6-29-15

Well ID (if applicable): TMO-19034

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? 109553

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 purveyor's 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? NA Agency: NA

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? M/O-1553

Location of the well by Public Land Survey: SE 1/4 NW 1/4 Sec. 19 T. 39 R. 43 E

Latitude: _____ UTM E 485345 NAD 27
Longitude: _____ or UTM N 4566009 NAD 83/WGS 84

Address at well location: Twin Creeks Mine

Assessor Parcel Number: _____

County: Humboldt Subdivision Name: _____

Name of Client: Newmont Mining Corp.

Address of Client: PO Box 308 Valmy NV 89488

Contractor's License Number: 0021976 On-Site Driller's License Number: 2447

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

Need Log Forms Need Intent Cards

(Rev. 1-14)

Driller's Signature: Sam Schick