WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 74480
Permit No. 58042
Basin 66

NOTICE OF INTENT NO. 40150

1. OWNER **NEWMONT GOLD COMPANY**
MAILING ADDRESS **P.O. BOX 669**
CARLIN, NV 89822

ADDRESS AT WELL LOCATION **TWIN CREEK MINE**

2. LOCATION **SE** 1/4 **SE** 1/4 Sec. **19** T **39N** N/S R **43E** E **HUMBOLDT** County
PERMIT NO. **58042** (Issued by Water Resources) Parcel No. **TRACT OF LAND** (Subdivision Name)

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

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

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
55 - 94# BAGS OF CEMENT		0	60	60
31 - 50# BAGS OF BENSEAL		0	315	315
		0	315	315
PUMPED NEAT CEMENT		0	60	60
PUMPED BENSEAL/EZ MUD SLURRY		0	315	315
RAN TREMIE PIPE		0	315	315

RECEIVED
98 SEP 10 AM 11:02
STATE ENGINEERS OFFICE

Date started **8/31/98**, 19__
Date completed **9/1/98**, 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10 3/4	UNK	UNK	0	315

Perforations:
Type perforation **WELL SCREEN**
Size perforation **UNK**
From **0** feet to **315** feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal
Placement Method: ☒ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☒ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level **70** feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality ____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Hackworth Drilling, Inc.** (Contractor)
Address **P.O. Box 850** (Contractor)
Elko, NV 89803

Nevada contractor's license number issued by the State Contractor's Board **020582**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1654**

Signed _____ (By driller performing actual drilling on-site or contractor)
Date