

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



OFFICE USE ONLY

Log No. 1015-40  
 Permit No. 044  
 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. **57203**

1. OWNER **Queenstake Resources GW-26**  
 MAILING ADDRESS **HC 31, Box 78, Elko, NV 89801**

ADDRESS AT WELL LOCATION **Queenstake Jerritt Canyon minesite, north of Elko, NV.**

2. LOCATION **NW¼NW¼ Sec3T40N/ R54E**  
 PERMIT/WAIVER NO. **M/O - 389-B** Parcel No. **N/A**  
Issued by Water Resources

Latitude **41 23' 45 N** UTM E  NAD 27  
 Longitude **115 53' 13 W** N  NAD 83/WGS 84

3. TYPE OF WELL  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

Is this well being plugged because a replacement well was drilled?  Yes  No  
 If yes, what is replacement well NOI?

Is there an existing well log?  Yes  No  
 If yes, what is NDWR well log #? **NOI 22439**

4. EXISTING WELL CONSTRUCTION  
 Depth Drilled **140 Feet** Depth Cased **140 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.950	2.48	0.241	+1	140

Existing Perforations:  
 Type of perforation **Machine Slot**  
 Size of perforation **0.030"**  
 From **39** feet to **139** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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 perforater used: **N/A**

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

5. WATER LEVEL  
 Static water level: **60** feet below land surface  
 Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: \_\_\_\_\_ °F Quality \_\_\_\_\_

8. WELL PLUGGING MATERIALS

Material Used			
Neat cement			
From <b>0</b> feet to <b>140</b> feet	<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 **15.6** lbs/gal  
 Bentonite Grout \_\_\_\_\_ % bentonite  
 Date Started **08/29/06**  
 Date Completed **08/29/06**

6. Additional Notes or Comments  
**Materials Used:**  
**Cement: 24.5 cu.ft.**

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 **Lang Exploratory Drilling** (CONTRACTOR)  
 Address **P.O. Box 5279** (CONTRACTOR)  
**Elko, NV 89802-5279**  
 Nevada contractor's license number issued by the State Contractor's Board **0021976**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2283**  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date **9-5-2006**

STATE ENGINEERS OFFICE

2006 SEP - 8 AM 11:47

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