

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

OFFICE USE ONLY **109276**
 Log No. _____
 Permit No. _____
 Basin **033**

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. **64529**

1. OWNER **U.S. Gold Corp.** **1990-03**
 MAILING ADDRESS **1595 Meadowood Lane**
Reno, NV 89502

ADDRESS AT WELL LOCATION **Tonkin Springs Mine, west**
of Eureka, NV
 Subdivision Name: _____ County: **Eureka**

2. LOCATION **NE 1/4 NE 1/4 Sec 3 T23.5N R49E**
 PERMIT/WAIVER NO. _____
 Issued by Water Resources _____ Parcel No. _____

Latitude **39.909665 N** UTM E **547664** NAD 27
 Longitude **116.442360 W** NAD 83/WGS 84
NAD 27 (TA)

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 #? **78293**

4. EXISTING WELL CONSTRUCTION
 Depth Drilled **100** Feet Depth Cased **100** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	16.94	.185	+2	8
4.500	2.06	.237	+2	100

Existing Perforations:
 Type of perforation **Slotted**
 Size of perforation **0.020**
 From **50** feet to **100** feet
 From _____ feet to _____ feet

5. WATER LEVEL
 Static water level: **29** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F Quality _____

6. Additional Notes or Comments

Pumped through BQ @ 100'
Pumped 35 - 94# bags of cement
315 gallons total

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: **NA**
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____

8. WELL PLUGGING MATERIALS

Material Used			
Neat Cement			
From 0 feet to 100 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 **15.5** lbs/gal
 Bentonite Grout _____ % bentonite

Date Started **15-Nov-2009**
 Date Completed **16-Nov-2009**

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 Drilling Services**
(CONTRACTOR)

Address **P.O. Box 5279**
(CONTRACTOR)
Elko, NV 89802

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 **2243**

Signed _____
 By driller performing actual drilling on site or contractor

Date **18-Nov-09**

(Rev 05-06)

STATE ENGINEER'S OFFICE

2009 NOV 23 PM 1:12

USE ADDITIONAL SHEETS IF NECESSARY