

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

OFFICE USE ONLY 110147
 Log No.
 Permit No.
 Basin 051

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 65308

1. OWNER **Newmont Gold Quarry** **GQDW-16** ADDRESS AT WELL LOCATION **North of Carlin, NV.**
 MAILING ADDRESS **PO Box 669**
Carlin, NV. 89822 **Subdivision Name:** **County: Eureka**

2. LOCATION **SW¹/₄SW¹/₄ Sec25T34N/ R51E** Latitude **40.799711°N** UTM E **567619 E** NAD 27
4516621
 PERMIT/WAIVER NO. **56831** Longitude **116.198431°W** **N** NAD 83/WGS 84
Issued by Water Resources Parcel No. **A30 22 62**

3. WORK PERFORMED New Well Replace Recondition Deepen Other _____
 4. PROPOSED USE Domestic Irrigation Test Monitor Stock Municipal/Industrial
 5. WELL TYPE Cable Rotary RVC Air Other **Flooded rev**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Red & White Rock		1500	1660	160
White Rock		1660	1665	5
White & Grey Rock		1665	1670	5
Black Brown & White Rock		1670	1710	40
Black & Brown Rock		1710	1750	40
Black Rock		1750	1880	130
Grey & Black Rock		1880	1890	10
Black Rock		1890	1935	45
Black & White Rock		1935	1965	30
Black 7 White Rock		1965	2000	35

9. WELL CONSTRUCTION
 Depth Drilled **1995** Feet Depth Cased **1993** Feet
HOLE DIAMETER (BIT SIZE)
 From **22.00** Inches **1500** Feet **1995** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
18	70.69	.375	1384	1993

Perforations:
 Type of perforation **Full Flow Louvered**
 Size of perforation **.125**
 From **1384** feet to **1993** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≈30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Boart Longyear** (CONTRACTOR)

Address **2745 California Ave.** (CONTRACTOR)
SLC., UT. 84104
 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 **2374**

Signed _____
 By driller performing actual drilling on site or contractor
 Date **February 16, 2010**

** See Original Log # 70888*

STATE ENGINEER

FEB 23 2010

FACSIMILE RCVD

Date started: **January 30, 2010**
 Date completed: **February 8, 2010**

7. Water Level
 Static water level: **1284** feet below land surface
 Artesian Flow: **NA** G.P.M. **NA** P.S.I.
 Water Temperature: **81** °F
 Quality: **Good**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	318	0	2