

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

OFFICE USE ONLY
 Log No. 115390
 Permit No. _____
 Basin 101A

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 67391

1. OWNER **Coeur Rochester Mine** ADDRESS AT WELL LOCATION **Packard & Buena Vista**
 MAILING ADDRESS **PO Box 1057** **Hydrographic Basins**
Lovelock, NV 89419 **NP11 - 3b** **Subdivision Name:** _____ **County: Pershing**

2. LOCATION **NW¼SE¼ Sec31T28N/ R34E** Latitude _____ UTM E **398156** NAD 27
 PERMIT/WAIVER NO. **M/O - 1760** Longitude _____ N **4455466** NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Alluvium		0	95	95
Pumped cement through tremie pipe from 69' - 95'				
Cement		69	95	26

9. WELL CONSTRUCTION
 Depth Drilled **95** Feet Depth Cased **65** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
14.75 Inches **0** Feet **20** Feet
8.75 Inches **20** Feet **95** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.750	28.04	.250	+3	20
4.50	2.07	.237	+3	65

Perforations:
 Type of perforation **Slotted**
 Size of perforation **.020**
 From **45** feet to **65** feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 **43** to **69** Pumped Poured
 Type: **#12 SRI Supreme**
 Bentonite Chips: Yes No **40** to **43** Pumped Poured
 Type: **3/8" Coated hole plug pellets**

Date started: **December 2**, 20 **11**
 Date completed: **January 9**, 20 **12**

7. Water Level
 Static water level: **18** feet below land surface
 Artesian Flow: **N/A** G.P.M. **N/A** P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Fair**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	10	N/A	1
	40.	245347°N	NAD27
	118.	197366°W	

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 Drilling Services**
 (CONTRACTOR)
 Address **2745 California Avenue**
 (CONTRACTOR)
Salt Lake City, 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 **2376**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **January 10, 2012**