

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

OFFICE USE ONLY
Log No. 117813
Permit No. _____
Basin R248

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

RAN-01875

NOTICE OF INTENT NO. 68612

1. OWNER Newmont Mining Corp
MAILING ADDRESS 1655 Mtn City Hwy
NW Elko, Nevada 89801

ADDRESS AT WELL LOCATION _____
Subdivision Name: _____ County: Elko

2. LOCATION 56 1/4 N 32 E Sec 35 T 32 N S R 53 E
PERMIT/WAIVER No. M10-1807
Issued by Water Resources Parcel No. _____

Latitude _____ UTM E 586726 NAD 27
Longitude _____ N 4496270 NAD 83/WGS 84

3. WORKED 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fractured Gravel</u>		<u>60</u>	<u>100</u>	
<u>hard Gravel</u>		<u>100</u>	<u>240</u>	
<u>clay</u>		<u>240</u>	<u>250</u>	
<u>hard Gravel</u>		<u>250</u>	<u>390</u>	
<u>used PVC to pump grout</u>				
<u>Bottoms up chipped</u>				
<u>40' for 10' heat cement</u>				
<u>10' to Surface.</u>				

9. WELL CONSTRUCTION
Depth Drilled 390 Feet Depth Cased 390 Feet
HOLE DIAMETER (BIT SIZE)
From 6 Inches To 0 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2</u>			<u>0</u>	<u>390</u>

Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 10 to 0 Pumped Poured
 Cement Grout 390 to 40 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 230% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No 40 to 10 Pumped Poured
Type: 3/4 chips

7. Water Level
Static water level: 240 feet below land surface
Artesian Flow: 0 G.P.M. 0 P.S.I.
Water Temperature: cool °F
Quality: muddy

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>tried air lift well went dry</u>			
<u>after 2-3 min = 1 gpm</u>			

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 Nevada Contractor
Address PO Box 2748 Contractor
Elko, NV 89803
Nevada contractor's license number _____
issued by the State Contractor's Board 0073086
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2400
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 3-12-12

RECEIVED
2012 APR 23 PM 1:28
STATE ENGINEERS OFFICE

NAD 27 40.614606°N, 115.974778°W