

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

OFFICE USE ONLY
Log No. 118023
Permit No. _____
Basin 051

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. 68666 ✓

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

ADDRESS AT WELL LOCATION Gold Quarry
6 mi North of Carlin

Subdivision Name: _____ County: Eureka

2. LOCATION SE 1/4 NW 1/4 Sec 3 T 33N N/S R 51 E Latitude _____ UTM E 565004 NAD 27
PERMIT/WAIVER No. MO-1787 Longitude _____ N 4515996 NAD 83/WGS 84

Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Transducer

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	Thickness
Gravel/Clay mix		0	420	420
Bed Rock Siltstone		420	602	182
Transducer 602-302-222				
Cement Grout 602-40 ft				
3/8 hole plug 40-21 ft				
Neat Cement 21-0 ft				
Pumped Cement Grout through Installation pipe bottoms up				
<u>QPC-106</u>				
<u>Instrument bore hole</u>				
<u>RECEIVED</u>				
<u>2012 APR 23 PM 11:11</u>				

9. WELL CONSTRUCTION

Depth Drilled 602 Feet Depth Cased 602 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>9</u>	<u>0</u>	<u>320</u>		
<u>7</u>	<u>320</u>	<u>602</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2</u>		<u>SCH.80</u>	<u>0</u>	<u>602</u>

Perforations:

Type of perforation N/A
Size of perforation N/A

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 21 Pumped Poured
 Cement Grout 602 to 40 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 40 to 21 Pumped Poured
Type: _____ 3/8 hole plug

7. Water Level

Static water level: N/A feet below land surface
Artesian Flow: N/A G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</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 2436

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 3/11/2012

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05-98)
NAD27 40.776276°N 116.229700°W