

QCP-105

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

OFFICE USE ONLY
Log No. 118050
Permit No. 051
Basin

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. 68665

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

ADDRESS AT WELL LOCATION gold quarry pit
Subdivision Name: County:

2. LOCATION SE 1/4 NE 1/4 Sec 35 T 34 S R 51 E
PERMIT/WAIVER No. MO 1780
Issued by Water Resources Parcel No.

Latitude UTM E 567174 NAD 27
Longitude N 4515725 NAD 83/WGS 84

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
 Other

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Alloium		0	480	480
Lime stone		480	900	420
Instrument borehole Pumped cement grout thru pipe Bottoms up 900 ft 74- 74 to 12 3/8 hole plug 12 to 0 NEAT CEMENT				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
900		900		
HOLE DIAMETER (BIT SIZE)				
	From	To		
14"	0	20	Feet	Feet
14"	20	900	Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
3 3/8"		188	0	20
1 1/2"	PVC	Sch 80	0	900

Perforations:
Type of perforation N/A
Size of perforation
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 12 Pumped Poured
 Cement Grout 74 to 900 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 74 to 12 Pumped Poured
 Type: 3/8 hole plug

Date started: 8-7 20 12
Date completed: 3-10 20 12

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

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
NA			

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 2318
Signed John M. O'Brien
By driller performing actual drilling on site or contractor
Date 3-14-12

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

NAD27 40.791677°N, 116.203802°W