

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

OFFICE USE ONLY
Log No. 119059
Permit No. _____
Basin 228

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. 37510

1 OWNER COROUS GOLD NEVADA, INC. ADDRESS AT WELL LOCATION OASIS VALLEY BASIN
MAILING ADDRESS 9137 ROBELEINE BLVD #250
HIGHLANDS RANCH, COLORADO 80129 Subdivision Name: _____ County: NVC
2 LOCATION NE 1/4 NW 1/4 Sec 2 T 11 N R 46 E Latitude UTM E 518040.0 NAD 27
PERMIT/WAIVER No. NO 289956 Longitude N 4096312.0 NAD 83/WGS 84

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? YES
If yes, what is replacement well NO? 37517
Is there an existing well log? YES
If yes, what is NDWR well log #? 117468

4 EXISTING WELL CONSTRUCTION
Depth Drilled 440' Feet Depth Cased 440' Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/2"</u>		<u>1/4"</u>	<u>+18"</u>	<u>440'</u>

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____
Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made: _____

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet
<u>TECH CUT</u>	<u>1/8" H"</u>			

Additional Perforations:

Type of perforator used:	From	feet to	feet	Number of perfs per linear foot
<u>NONE</u>				

5 WATER LEVEL
Static water level NONE feet below land surface
Artesian flow NONE G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments

From	feet to	feet	Material Used	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<u>20'</u>	<u>feet to</u>	<u>440'</u>	<u>ABANDONMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

NO WATER IN WELL

RECEIVED
2013 OCT -3 AM 10:56
STATE ENGINEERS OFFICE

DCNR/DWR/SNBO
RECEIVED
OCT 18 2013

Neat Cement Fluid Weight 15 lbs/gal
Bentonite Grout 18 % bentonite
Date Started 9-18-13
Date Completed 9-18-13

9 DRILLER'S CERTIFICATION
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name GRANT LONGYEAR NEVADA Contractor
Address P.O. 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 0426
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 9-18-13

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY