

OFFICE USE ONLY
 Log No. 92514
 Permit No. _____
 Basin 66
 51-827

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 51-827

1. OWNER Newmont Mining Corp ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 388
Valley, NV 89438
 2. LOCATION NW 1/4 SE 1/4 Sec 13 T 39 N 43 E Humboldt County _____
 PERMIT NO. M/O 918 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
Hole # <u>M/O 394313-1</u>				
<u>Filled PVC with Bentonite slurry (super plug) from bottom to top set 20' cement cap.</u>				
<u>Super Plug</u>		<u>460</u>	<u>20</u>	<u>440</u>
<u>Cement</u>		<u>20</u>	<u>0</u>	<u>20</u>

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2</u>	<u>N/A</u>	<u>Sch 80</u>	<u>+2</u>	<u>460</u>

Perforations:
 Type perforation Horizontal Slot
 Size perforation .020
 From SCREEN 460 feet to 440 feet
 From BLANK 440 feet to +2 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 20' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level N/A feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12-3, 2023
 Date completed 12-5, 2023

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Ekko Drilling Co., Inc. Contractor
 Address P.O. Box 2748 Contractor
Ekko, NV
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1942
 Signed William Riley
 By driller performing actual drilling on site or contractor
 Date 1

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 STATE ENGINEERS OFFICE