



STATE OF NEVADA
DIVISION OF MINERALS
**DISSOLVED MINERAL RESOURCE EXPLORATION
BOREHOLE OR WELL DRILLER'S PLUGGING REPORT**
*Please complete this form in its entirety in
accordance with NAC 534B*

Report#: **PB0059**
For Division Use Only

Borehole:
Well:

**PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK**

1. OPERATOR Rangefront Mining Services BOREHOLE OR WELL NAME: RCV-07
MAILING ADDRESS 1031 Railroad Street Suite 102 B PROJECT NAME: Goat Flat
Elko, NV 89801 FEDERAL - BLM NVN# NVNV106383621
COUNTY Esmeralda

2. LOCATION NE 1/4 of the SW 1/4, Sec 14 T 2 N S, R 39 E 3. NDOM Permit/NOI Number
Latitude _____ or UTM E 445148 NAD83
Longitude _____ UTM N 4179670 WGS84 N0122

4. **EXISTING BOREHOLE OR WELL CONSTRUCTION**
Depth Drilled 780 Feet Depth Cased _____ Feet (well only)

5. **WATER LEVEL**
Static water level _____ feet below land surface
Artesian Flow 100 G.P.M. _____ P.S.I.
Water Temperature 73 °F

6. BOREHOLE/WELL PLUGGING MATERIALS

Material Used _____	From _____	feet to _____	feet _____	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Material Used _____	From _____	feet to _____	feet _____	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Material Used _____	From _____	feet to _____	feet _____	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Material Used _____	From _____	feet to _____	feet _____	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Material Used _____	From _____	feet to _____	feet _____	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Material Used _____	From _____	feet to _____	feet _____	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured

Neat Cement Fluid Weight lbs/gal _____
Bentonite Grout _____ % bentonite

NEXT SECTION TO BE COMPLETED IN CASE OF WELL PLUGGING ONLY - FOR BOREHOLES SKIP TO SECTION 8

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 casing pulled? yes no If pulled, from: _____ feet to _____ feet
Was the casing over drilled? yes no

EXISTING CASING SCHEDULE

Material Used	Size O.D.	Wt/Ft	Wall Thickness	From	To
_____	_____ (Inches)	_____ (Pounds)	_____ (Inches)	_____ (Feet)	_____ (Feet)
_____	_____ (Inches)	_____ (Pounds)	_____ (Inches)	_____ (Feet)	_____ (Feet)
_____	_____ (Inches)	_____ (Pounds)	_____ (Inches)	_____ (Feet)	_____ (Feet)

Existing Perforations:
From _____ feet to _____ feet From _____ feet to _____ feet
From _____ feet to _____ feet From _____ feet to _____ feet
From _____ feet to _____ feet From _____ feet to _____ feet

8. Additional Notes or Comments

9. Date Started 09/17/24 Date Completed 09/22/24

10. **DRILLER'S CERTIFICATION**
This borehole or well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name _____ Contractor
Address _____ Contractor
Phone _____
Nevada contractor's license number issued by the State Contractor's Board _____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
Signed _____ by driller performing actual plugging on site
Date _____