

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

OFFICE USE ONLY
Log No. 111872
Permit No. _____
Basin 187

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 65747

1. OWNER **Fronteer Development** ADDRESS AT WELL LOCATION **Long Canyon**
MAILING ADDRESS **1031 Railroad St. Suite 110** **Oasis, NV.**
Elko, NV. 89801 **Subdivision Name:** _____ **County:** **Elko**

2. LOCATION **SE 1/4 SE 1/4 Sec 3 T36N R66E** Latitude _____ UTM E **710916E** NAD 27
PERMIT/WAIVER NO. **M/O - 1611** Longitude _____ N **4544615** NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
Alluvium		0	70	70
Alluvium & Clay		70	180	110
Alluvium		180	200	20
Alluvium & Sand		200	230	30
Alluvium w/Mixed Clay		230	320	90
<i>Replaces Well Log # 109992, which was plugged by 111559</i>				
<i>2008 SEP - 9 AM 10:42</i>				
<i>STATE ENGINEER'S OFFICE</i>				
<i>NAD-27 GPS</i>				
<i>41.027365°N</i>				
<i>114.491268°W</i>				
<i>APN - 009-550-005</i>				

9. **WELL CONSTRUCTION**

Depth Drilled **320** Feet Depth Cased **319** Feet

HOLE DIAMETER (BIT SIZE)

From	To
12.75 Inches	0 Feet 12 Feet
8.75 Inches	12 Feet 320 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	22.36	.250	+2	8
4.5	2.41	.248	+1	319.4

Perforations:

Type of perforation **Slotted**

Size of perforation **.040**

From	To
229 feet	319 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 10	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	227 to 320	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: SRI #6			
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10 to 227	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: 3/8" Hole Plug			

Date started: **August 11, 2010**
Date completed: **August 20, 2010**

7. **Water Level**

Static water level: **2** feet below land surface
Artesian Flow: **no** G.P.M. P.S.I.
Water Temperature: **cool** °F
Quality: **good**

8. **WELL TEST DATA**

TEST METHOD:	TEST METHOD:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	5	n/a	5

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** (CONTRACTOR)

Address **2745 California Ave** (CONTRACTOR)
SLC., UT. 84104

Nevada contractor's license number issued by the State Contractor's Board **0021976**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2339**

Signed _____
By driller performing actual drilling on site or contractor

Date **September 2, 2010**