

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

OFFICE USE ONLY
Log No. **113637**
Permit No. **76390**
Basin **230**

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. **66153**
2 E. of Hwy. US 95 on Chloride Cliff Rd

1. OWNER **BARRICK Bullfrog Inc / CR REWARDS**
MAILING ADDRESS **1/2 CR BRINGS COOP / P.O. BOX 668
TROYA N.A. 93592**

ADDRESS AT WELL LOCATION **MA**
Subdivision Name: _____ County: **MYE**

2. LOCATION **7/4 5/8 1/4 Sec 9 T 13 N R 47 E**
PERMIT/WAIVER No. **76390**
Issued by Water Resources Parcel No. _____

Latitude **36° 48' 48" N** UTM E **52499520** NAD 27
Longitude **116° 43' 35" W** N **4,074,200** NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. MINING PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Silty, Clayey, GRAVEL		00	45	45
COARSE SAND, GRAVEL w/ OCC COBBLES		45	205	160
FINE to COARSE SAND + GRAVEL FRAGS.	SNL	205	695	490
FINE to COARSE SAND, GRAVEL FRAGS, SOME CLAY		695	787	92
Lost Drill Tools in Hole NOT RETRIEVED & ABANDONED BY WAIVER #R 1513				
1 7/8" Bit + 4 Drill collars 20' x 8"				

WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
32"	Inches	From 0	To 50 Feet
1 7/8"	Inches	From 50	To 787 Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 1/4"	94.7	.375	0	50
	165 FT			

Perforations:
Type of perforation _____
Size of perforation **NONE**
From **0** feet to **50** feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **0** to **50** Pumped Poured
 Cement Grout _____ to _____ 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 _____ to _____ Pumped Poured
Type: _____

Date started: **1-30** 20 **11**
Date completed: **3-16** 20 **11**

7. Water Level
Static water level: **420** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

WELL TEST DATA		
TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Time (Hours)

**DCNR/DWR
RECEIVED
APR 11 2011**

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **LAYNE CHRISTENSEN CO.** Contractor
Address **11001 ETIWANDA AVE, FONTANA CA. 92337** Contractor
Nevada contractor's license number issued by the State Contractor's Board **0019101**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1682**
Signed _____
Date **3-21-11**
By driller performing actual drilling on-site or contractor