

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

OFFICE USE ONLY
 Log No. 106193
 Permit No. _____
 Basin 179

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. No NOI

1. OWNER **Quadra-Robinson NV Mining** **VPZ07-03** ADDRESS AT WELL LOCATION **Robinson Mine, 2 miles south of Ruth, NV**
 MAILING ADDRESS **P.O. Box 382** **Ruth, NV 89319** **Subdivision Name:** _____ **County:** **White Pine**

2. LOCATION SW 1/4 NE 1/4 Sec 7 T 16 N/S R 62 E Latitude _____ UTM E **669555** NAD 27
 PERMIT/WAIVER NO. _____ Longitude _____ N **4348529** NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK PERFORMED New Well Replace Recondition Deepen Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill Material		0'	25'	25'
Other		25'	35'	10'
Limestone		35'	225'	190'
Clay		225'	230'	5'
Marble		230'	240'	10'
Clay		240'	245'	5'
Marble		245'	580'	335'
Limestone		580'	730'	150'
Marble		730'	775'	45'
Limestone		775'	1345'	570'

9. WELL CONSTRUCTION
 Depth Drilled **1345** Feet Depth Cased **NA** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
14.750 Inches **0** Feet **20** Feet
6.750 Inches **20** Feet **1345** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.750	28.04	.250	+2	20

Perforations:
 Type of perforation **NA**
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0' to 20' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 588' to 617' Pumped Poured
 Type: **#8SRI** **1323 to 1345'**
 Bentonite Chips: Yes No 20' to 588' Pumped Poured
 Type: **3/8 Hole Plug** **617' to 1323'**

Date started: **26-Sep**, 20 **07**
 Date completed: **02-Oct**, 20 **07**

7. Water Level
 Static water level: **1115** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: _____

8. WELL TEST DATA

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

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 Drilling Services** (CONTRACTOR)
 Address **P.O. Box 5279** (CONTRACTOR)
Elko, NV 89802
 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 **2308**
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date **23-Apr-08**