

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

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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

OFFICE USE ONLY *107896*
Log No. _____
Permit No. _____
Basin: 179

1. OWNER Robinson Nevada Mining Company
MAILING ADDRESS PO BOX 382
Ruth, NV 89139

ADDRESS AT WELL LOCATION Steptoe Valley Basin 179
RNMC Ruth, NV (RIBX-3)(WDB-3)
Subdivision Name: _____ County: White Pine

2. LOCATIONS S^E 1/4 SW 1/4 Sec 28 T 17N N/S R 62 E
PERMIT/WAIVER No. M/O 1511
Issued by Water Resources Parcel No. _____

Latitude 672525 UTM E 18S304021 NAD 27
Longitude 4352215 N W114.999146 NAD 83/WGS 84

3. WORKED 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
Sands and Gravels		0	40	40
High Clay w/ angular/sub angular		40	65	25
High Clay		65	90	25
High Clay w/ angular/sub angular		90	120	30
*No casing installed.				
Abandoned 8-30-08				

9. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 0 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>9 5/8</u> Inches	<u>0</u> Feet <u>115</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ 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: 28-Aug, 20 08
Date completed: 30-Aug, 20 08

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

8. WELL TEST DATA

TEST METHOD: Bailor Pump 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 WDC Exploration & Wells
Contractor

Address 570 Corinthian Way
Contractor

N. Las Vegas, NV 89030

Nevada contractor's license number issued by the State Contractor's Board 0012852

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2057

Signed [Signature]
Driller performing actual drilling on site or contractor

Date 10/2/2008