

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

OFFICE USE ONLY **109370**

Log No. _____
 Permit No. _____
 Basin **179**

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. **64547**

1. OWNER **Robinson NV Mining** **BHJP-2** 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 **NE 1/4 NE 1/4 Sec 14 T16N R62E** Latitude **39.255369 N** UTM E **676579** NAD 27
 PERMIT/WAIVER NO. _____ Longitude **114.952646 W** **4347105** NAD 83/WGS 84
 Issued by Water Resources Parcel No. **0140237A**

3. TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 Is this well being plugged because a replacement well was drilled? Yes No
 If yes, what is replacement well NOI? _____
 Is there an existing well log? Yes No
 If yes, what is NDWR well log #? _____

4. EXISTING WELL CONSTRUCTION
 Depth Drilled **160** Feet Depth Cased **146** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	.69	.154	+2	146

Existing Perforations:
 Type of perforation **Slotted**
 Size of perforation **.020**
 From **116** feet to **146** feet
 From _____ feet to _____ feet

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 well contaminated? Yes No
 Was the casing pulled? Yes No
 Was the casing over drilled? Yes No

If casing was left in place, please show where additional perforations were made:
 Additional Perforations:
 Type of perforator used: **NA**
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____

5. WATER LEVEL

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

8. WELL PLUGGING MATERIALS

Material Used			
Neat Cement			
From 0 feet to 146 feet	Cement	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Neat Cement Fluid Weight **15.6** lbs/gal
 Bentonite Grout _____ % bentonite

Date Started **20-Nov-09**
 Date Completed **20-Nov-09**

9. DRILLER'S CERTIFICATION

This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.

Name **Boart Longyear Drillig Services**
(CONTRACTOR)

Address **P.O. Box 5279**
(CONTRACTOR)

Elko, NV 89802

Nevada contractor's license number issued by the State Contractor's Board **0021976 0073086**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1410**

Signed _____
 By driller performing actual drilling on site or contractor

Date **20-Nov-09**

STATE OF NEVADA
 2009 DEC -9 AM 10:59
 69:01 NV 6-380 600Z