

ORIGINAL

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

OFFICE USE ONLY
Log No. **112559**
Permit No. **78860**
Basin **036**

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. **66395**

1. OWNER **RUBY PIPELINE, LLC.** ADDRESS AT WELL LOCATION **NORTH OF ELKO ON THE ROAD TO TUSCARORA, NV, M.P. 351.93**
MAILING ADDRESS **PO Box 1087 Colorado Springs, CO 80944** Subdivision Name: _____ County: **Elko**

2. LOCATION **NE 1/4 SE 1/4 Sec 2 T 38N N/S R 51 E** Latitude **41° 12' 46.41" N** UTM E NAD 27
PERMIT/WAIVER No. **78860** Longitude **116° 12' 05.35" W** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
GRAY BASALT		0'	220'	220'
BLACK BASALT		220'	440'	220'
YELLOW COLOMERT		440'	650'	210'
GRAY TUFF		650'	760'	110'
GRAY BASALT		760'	1100'	340'

THIS BOREHOLE WAS ABANDONED UNDER NOI 66393

*NAD-83 GPS
41.212982°N
116.201486°W*

Plugged by Well Log 112560

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
1100'		0'	

HOLE DIAMETER (BIT SIZE)

From	To
12 3/4" Inches	0' Feet
	1100' 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
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: **15-Nov** 20 **10**
Date completed: **21-Nov** 20 **10**

7. Water Level
Static water level: **N/A** feet below land surface
Artesian Flow: **NO** G.P.M. **0** P.S.I.
Water Temperature: **N/A** °F
Quality: _____

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Hydro Resources-West, Inc.** Contractor
Address **4975 W. Winnemucca Blvd.** Contractor
Winnemucca NV, 89445

Nevada contractor's license number issued by the State Contractor's Board **56797**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **# 1713**

Signed *[Signature]*
By driller performing actual drilling on site or contractor
Date **11/30/2010**