STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 115223
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. **70414**

1. OWNER **KGHM-Robinson** **HD-2**
MAILING ADDRESS **P.O Box 382**
Ruth, NV. 89319

ADDRESS AT WELL LOCATION **Robinson Pit, Ruth, NV.**
Subdivision Name: *County:* **White Pine**

2. LOCATION **NW¼NE¼ Sec14T16N/ R62E**
PERMIT/WAIVER NO. **Order# 1198** (*Issued by Water Resources*) Parcel. No.

Latitude
Longitude
UTM E **676048** ☒ NAD 27
N **4347142** ☐ NAD 83/WGS 84

3. WORK 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	Thickness
White/Gry Porphyry		0	320	320
Grn Rhyolite		320	570	250
White/Gry Porphyry		570	600	30
Blk Limestone		600	695	95
White/Yllw/Grn Limestone		695	765	70
Gry Porph./ Blk/Yllw Limestone		765	790	25
Gry Porph./ Silty Limestone		790	1000	210

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NAD27
39.952628 N
114.959630 W

Date started: **July 6**, 20 **13**
Date completed: **July 24**, 20 **13**

9. *WELL CONSTRUCTION*
Depth Drilled **1000** Feet Depth Cased **860** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
7.875 Inches	**0** Feet	**15** Feet
5.75 Inches	**15** Feet	**700** Feet
5.25 Inches	**700** Feet	**1000** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	12.95	.188	15	+5
2	.69	.145	15	+5

Perforations:
Type of perforation **Slotted**
Size of perforation **0.020**
From **15** feet to **860** feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☒ Neat Cement 0 to 15 ☒ 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:

7. *Water Level*
Static water level: **360** feet below land surface
Artesian Flow: **10** G.P.M. P.S.I
Water Temperature: **Cold** °F
Quality:

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☒ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25		.5

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** (CONTRACTOR)
Address **2745 California Ave** (CONTRACTOR)
SLC., UT. 84104
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* **2329**
Signed
By driller performing actual drilling on site or contractor
Date **September 24, 2013**

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