

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

OFFICE USE ONLY
Log No. 112608
Permit No. 78863
Basin 063

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. 60918

1. OWNER RUBY PIPELINE LLC ADDRESS AT WELL LOCATION NO PHYSICAL ADDRESS M.M.
MAILING ADDRESS 2 N. NEVADA AVE 359.6 RUBY PIPELINE ACCESS
COLE SPRINGS CO. 89903 Subdivision Name: NONE County: ELKO

2. LOCATION NW 1/4 SE 1/4 Sec 31 T 39 S R 50 E Latitude 41.210468 UTM E NAD 27
PERMIT/WAIVER No. 78863 Longitude -116.365933 N NAD 83/WGS 84

Issued by Water Resources Parcel No.

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. CONSTRUCTION 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
TOP SOIL	NO	0	1	1
HARD SILTY CLAY W/ 2' BOULDERS	NO	1	12	11
CLAY W/ SAND + GRAVEL	NO	12	50	38
DARK BROWN COBBLES	NO	50	70	20
SAND AND GRAVEL	NO	70	100	30
CLAY (BROWN)	NO	100	109	9
DARK GREY ROCK	YES	109	150	41
BLACK GRAVEL	YES	150	390	240
BLACK ROCK + CLAY	NO	390	430	40
BLACK GRAVEL	YES	430	450	20
BLACK GRAVEL IN CLAY	NO	450	500	50

9. WELL CONSTRUCTION

Depth Drilled 500 Feet Depth Cased 462 Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
	0	30	Feet	Feet
<u>24</u>	Inches	<u>20</u>	Feet	<u>465</u>
<u>14 3/4</u>	Inches	<u>465</u>	Feet	<u>500</u>
<u>6 3/4</u>	Inches			

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>16</u>	<u>62.64</u>	<u>.375</u>	<u>+2</u>	<u>30</u>
<u>8 5/8</u>	<u>22.90</u>	<u>.256</u>	<u>+2</u>	<u>462</u>

Perforations:

Type of perforation Mill Slot 8 Slots/Row 16 Slots/In. Ft.
Size of perforation .100 2 1/2" LUNG

From 142 feet to 442 feet
From _____ feet to _____ feet

Annular Seal Yes No

Neat Cement 0 to 103 Pumped Poured
 Cement Grout 465 to 500 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 107 to 465 Pumped Poured
Type: 6 SILICA
Bentonite Chips: Yes No 103 to 107 Pumped Poured
Type: 1/4" COATED

Date started: NOVEMBER 19, 20 10
Date completed: DECEMBER 17, 20 10

7. Water Level
Static water level: 135 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: C.C.D. °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>100</u>	<u>168</u>	<u>10</u>

10. DRILLER'S CERTIFICATION

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

Name LAYNE CHRISTENSEN CO Contractor
Address 11001 ETIWANDA AVE Contractor
FONTANA, CA 92237
Nevada contractor's license number _____
issued by the State Contractor's Board 0043605
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2420

Signed Neil Hale
By driller performing actual drilling on-site or contractor
Date 1/3/11

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2011 JAN 11 AM 10:08
STATE ENGINEERS OFFICE