STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

PRINT OR TYPE ONLY

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

OFFICE USE ONLY
Log No. 116840
Permit No.
Basin 129

NOTICE OF INTENT NO. **70411**

1. OWNER **KGHM-Robinson Mine** **RW-26**
MAILING ADDRESS **P.O. Box 382**
Ruth, NV. 89319

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

2. LOCATION **NE¼NE¼ Sec15T16N/ R62E**
PERMIT/WAIVER NO. **Order # 1198**
Issued by Water Resources Parcel. No.

Latitude
Longitude
UTM E **674796** ☒ NAD 27
N **4347074** ☐ 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 **Flooded Rev**

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
Grey Rock w/Clay		0	160	160
Brown Clay		160	190	30
No Circulation		190	240	50
Grey Rock w/Clay		240	400	160

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NAD27
39.25726°N
114.97415°W

Date started: **June 13**, 20 **13**
Date completed: **June 23**, 20 **13**

9. *WELL CONSTRUCTION*
Depth Drilled **420** Feet Depth Cased **401** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
26 Inches	**0** Feet	**57** Feet
19 Inches	**57** Feet	**420** Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
22	78.6	.375	0	57
12.75	33.38	.250	+2	401

Perforations:
Type of perforation **Louvered**
Size of perforation **.250**
From **180** feet to **401** 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 51 ☐ Pumped ☒ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☒ Yes ☐ No 51 to 420 ☐ Pumped ☒ Poured
Type: **1/2" SRI**
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. *Water Level*
Static water level: **153** feet below land surface
Artesian Flow: G.P.M. P.S.I
Water Temperature: **Cold** °F
Quality: **Fair**

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
264	N/A	1

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* **1995**
Signed
By driller performing actual drilling on site or contractor
Date **June 25, 2013**

(Rev 05-06) USE ADDITIONAL SHEETS IF NECESSARY

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