

OFFICE USE ONLY
 Log No. 23802
 Permit No. _____
 Basin. _____

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER TRUE GEOTHERMAL ENERGY CO ADDRESS P.O. BOX 2360, CASPER, WY

2. LOCATION SE 1/4 SE 1/4 Sec. 34 T. 29 N N/S R. 33 E PERSHING County
 PERMIT NO. SHALLOW TEMPERATURE GRADIENT HOLE ABOVE 500' FOR GEOTHERMAL EXPLORATION

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
		0	70	
		70	100	
		100	180	
		180	200	
		200	260	
		260	300	
GRAVEL		0	70	70
SILT		70	100	30
GRAVEL & SAND		100	180	80
SILT & SAND		180	200	20
GRAVEL SILT		200	300	100
SAND & SILT		300	375	75
SILT & SAND		375	440	65
GRAVELS & SAND		440	500	60

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 500 feet
 Casing record 1" DIAMETER PVC
 Weight per foot _____ Thickness _____

Diameter	From	To
<u>1</u> inches	<u>0</u> feet	<u>500</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type CEMENT
 Depth of seal 0-12 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL NO WATER ENCOUNTERED

Static water level _____ Feet below land surface
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION

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

Name WARNER F. STODDARD
 Address P.O. BOX 216 LOVELOCK, NV
 Nevada contractor's license number _____
 Nevada driller's license number 01326
 Signed Warner F. Stoddard
 Date 6-3-82

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours