WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

1287

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 24398
Permit No.
Basin.

1. OWNER True Geothermal Energy Co ADDRESS PO Box 2360 Casper Wyo

2. LOCATION SE ¼ NW ¼ Sec. 18 T. 35N N/S R. 40 E. Humboldt County
PERMIT NO. Shallow temperature gradient hole above 500

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	Thickness
gravel, clay		0	80	80
silt, clay, gravel		80	150	70
silt, clay		150	500	350

Date started Oct 22, 1982
Date completed Oct 28, 1982

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

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 500 feet
Casing record 1" diameter PVC
Weight per foot ..... Thickness .....

Diameter	From	To
1 inches	0 feet	500 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 12-2 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation .....
Size perforation .....
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
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 PO Box 1667 Winn Nv 89445
Nevada contractor's license number —
Nevada driller's license number 013216
Signed W F Stoddard
Date 11-21-82

USE ADDITIONAL SHEETS IF NECESSARY

O-627