

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 1001

1. OWNER TRUE GEOTHERMAL ENERGY CO. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. BOX 2360, CASPER, WY

2. LOCATION NE 1/4 NE 1/4 Sec 13 T 29 N N/S R. 36 E PERSHING County
 PERMIT NO. SHALLOW TEMPERATURE GRADIENT HOLE ABOVE 500' FOR GEOTHERMAL EXPLORATION
Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>GVLS, MINOR SILT SAND</u>		<u>0</u>	<u>60</u>	<u>60</u>
<u>GVLS SAND MINOR SILT</u>		<u>60</u>	<u>80</u>	<u>20</u>
<u>GVLS MINOR SILT SAND</u>		<u>80</u>	<u>100</u>	<u>20</u>
<u>GVLS E SAND</u>		<u>100</u>	<u>250</u>	<u>150</u>
<u>GVLS SAND MINOR SILT</u>		<u>250</u>	<u>260</u>	<u>10</u>
<u>SAND E GVLS</u>		<u>260</u>	<u>270</u>	<u>10</u>
<u>SAND GVLS SILT</u>		<u>270</u>	<u>300</u>	<u>30</u>
<u>SAND SILT MINOR GVLS</u>		<u>300</u>	<u>320</u>	<u>20</u>
<u>SAND SILT GVLS</u>		<u>320</u>	<u>390</u>	<u>70</u>
<u>SAND GVLS MINOR SILT</u>		<u>390</u>	<u>440</u>	<u>50</u>
<u>GVLS SAND MINOR SILT</u>		<u>440</u>	<u>500</u>	<u>60</u>

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

Date started 1-9, 1983
 Date completed 1-11, 1983

7. WELL TEST DATA

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

9. WATER LEVEL NO H2O NOTED
 Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 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
 Contractor
 Address P.O. BOX 1667, WINNEMUCCA, NV 89445
 Contractor
 Nevada contractor's license number _____
 Nevada contractor's drillers number _____
 Nevada driller's license number 01326
 Actual Driller
 Signed W F Stoddard
 Contractor
 Date 2-15-83

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