

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 1696

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

2. LOCATION NE 1/4 SE 1/4 Sec. 26 T. 36N N/S R. 43 E HUMBOLDT 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
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND		0	20	20
GRAVELLY SAND		20	30	10
SANDY GRAVELLY CLAY		30	60	30
GRAVELLY CLAY		60	250	190
BASALT FM		250	330	80
GRAVELLY CLAY		330	360	30
SANDY GRAVELLY CLAY		360	390	30
SANDY, CLAYEY GRAVEL		390	420	30
SANDY GRAVELLY CLAY		420	440	20
CLAYEY, SANDY GRAVEL		440	460	20
GRAVELLY, SANDY CLAY		460	480	20
SANDY CLAYEY GRAVEL		480	490	10
GRAVELLY SANDY CLAY		490	500	10

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 500 feet
 Casing record 1" DIAM 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

9. WATER LEVEL No H2O NOTICED (DRIVING W/ M40)

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 2360 CASPER, WY Contractor
 Nevada contractor's license number _____
 Nevada contractor's drillers number _____
 Nevada driller's license number 01326
 Signed W.F. Stoddard Actual Driller
 Contractor
 Date 4-4-83

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