

OFFICE USE ONLY
 Log No. 74833
 Permit No. _____
 Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 2138

1. OWNER E. ELKO MEDICAL CLINIC ADDRESS AT WELL LOCATION 762 14th St. Elko, NV
 MAILING ADDRESS 762 14th St. Elko, NV 89801

2. LOCATION SE 1/4 SE 1/4 Sec. 10 T. 34 N/S R. 55 E Elko County

PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Soil	Temp. at surface	0	1	1
Sand & gravel		1	55	54
Clay		54	65	11
Clay & gravel	76°	65	100	35
Sand & gravel		100	120	20
Clay & sand	78°	120	240	120
Sand, gravel, clay		240	420	180
Sandstone	80°	420	800	380
Rhyolite	90°	800	810	10
T.D. 810				

Bottom hole temperature 124°F

~~State~~
 Geothermal well project put on hold status until thoroughly considered decision can be made.

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 810 feet
 Casing record _____
 Weight per foot 12.92 Thickness 1.88

Diameter	From	To
<u>6 5/8</u> inches	0	41
_____ inches	_____	_____

Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation N/A
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 66.7 ° F. Quality Poor

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Muth Drilling Co.
 Address 203 Pine Street Elko, Nevada 89801
 Nevada contractor's license number 10819
 Nevada contractor's drillers number 632
 Nevada driller's license number 922 A. Stockton Actual Driller
 Signed James V. Muth Contractor
 Date 8/26/83

Date started 6/8 1983
 Date completed _____ 1983

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