

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 0437

PRINT OR TYPE ONLY

1. OWNER EXXON CO. ADDRESS AT WELL LOCATION Four Mile Butte Well Federal, No 1
 MAILING ADDRESS P.O. 230
Midland, Texas 79702
 2. LOCATION SE 1/4 SW 1/4 Sec 8 T. 43 N. R. 49 E. E1K0 County _____
 PERMIT NO. 0031 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
Sandy clay		0	15	15
Gray loam		15	38	23
Brown Sandy clay		38	110	62
Brown Rock		110	205	95
Broken conglomerate	X	205	390	185
Sand & gravel	X	390	470	30

8. WELL CONSTRUCTION
 Diameter hole 12 inches Total depth 470 feet
 Casing record 470
 Weight per foot _____ Thickness 277

Diameter	From	To
<u>8 3/8</u> inches	<u>+ 2</u> feet	<u>470</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type _____
 Depth of seal 53 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Knife
 Size perforation 3/16 x 3
 From 465 feet to 370 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 325 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started 5-20 1985
 Date completed 6-3 1985

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>300</u>		

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Elsing Drilling + Pump Inc. Contractor
 Address Box 919, Twin Falls, Idaho Contractor
 Nevada contractor's license number 0012177
 Nevada contractor's drillers number 1295
 Nevada driller's license number B. B. Bailey 1072 Actual Driller
 Signed Arnold Elsing Contractor
 Date June 7, 1985

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