

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 6764

1. OWNER Union Pacific Systems ADDRESS AT WELL LOCATION BEDWALLE
 MAILING ADDRESS #2 So. 400 W. Salt Lake City, Utah 84110
 2. LOCATION NW 1/4 SE 1/4 Sec 5 T. 31 N. R. 49 E EUREKA County
 PERMIT NO. _____ 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	Thickness
Clay & Sandy clay		0	15	15
Sand	✓	15	20	5
Sand & Gravel		20	24	4
Clay		24	35	11
Sand & Gravel	✓✓	35	40	5
Sandy clay		40	60	20
Sandy clay & gravel	✓	60	65	5
Sandy clay		65	110	45
Gravel	✓	110	120	10
T.D. 120				

8. WELL CONSTRUCTION
 Diameter hole 12 & 10 inches Total depth 120 feet
 Casing record 120 121 ft.
 Weight per foot 28.55 Thickness 3.22
 Diameter From To
48 5/8 inches +1 feet 120 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement & gravel
 Depth of seal 50 ft. feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to T.D. feet
 Perforations:
 Type perforation Torch cut
 Size perforation 1/8 x 6
 From 100 feet to 120 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 11 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Warm F. Quality Good

Date started 10/10, 1986
 Date completed 10/22, 1986

7. WELL TEST DATA

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

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.
 Contractor
 Address 203 Pine Street
Elko, Nevada 89801
 Nevada contractor's license number 10819
 Nevada contractor's drillers number 632
 Nevada driller's license number 1479
 Actual Driller
 Signed James Y. Muth
 Contractor
 Date 10/23/86

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