

OFFICE USE ONLY
 Log No. 37176
 Permit No. _____
 Basin 51

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 19236
CHEVRON STATION

1. OWNER CHEVRON USA ADDRESS AT WELL LOCATION CHEVRON STATION
 MAILING ADDRESS P.O. BOX 220 CORNER OF 10TH ST AND US 40
SEATTLE, WA CARLIN, NEVADA

2. LOCATION SE $\frac{1}{4}$ 27 T. 33 N/S R. 52 E. ELKO County
 PERMIT NO. M-0297A Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Description of abandonment: The well before plugging had sand within 5' of the bottom. The well was first flushed out and then it was perforated every 5' with 4 each $\frac{1}{2}$ " holes, then it was grouted using the prescribed regulation cement/bentonite mixture, by use of a tremie pipe from the bottom up. The surface casing was removed and the top 2' of the PVC well was terminated 2' below existing ground surface.				

P.A. of log

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations: 4 EACH 1/2" HOLES EVERY 5'
 Type perforation O.F. WELL LENGTH
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 7-29, 1991
 Date completed 7-31, 1991

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name PC EXPLORATION Contractor
 Address P.O. Box 96 Contractor
WOODS CROSS, UT 84087
 Nevada contractor's license number issued by the State Contractor's Board 0028767
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1605

Signed Ron Fran
 By driller performing actual drilling on site or contractor
 Date 8-9-91