

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 19327

1. OWNER Sk. popy oil ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Box 1007 Ketchum Idaho 83340
 2. LOCATION NE 1/4 NE 1/4 Sec. 18 T. 28 S. R. 51 E Eureka County
 PERMIT NO. OG 128 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>TOP soil</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>granite</u>		<u>4</u>	<u>190</u>	<u>186</u>
<u>fractured granite</u>	<input checked="" type="checkbox"/>	<u>150</u>	<u>198</u>	<u>8</u>
<u>granite</u>		<u>198</u>	<u>243</u>	<u>45</u>
<u>fractured granite</u>	<input checked="" type="checkbox"/>	<u>243</u>	<u>267</u>	<u>24</u>
<u>granite</u>		<u>267</u>	<u>280</u>	<u>13</u>

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 280 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 280 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>188</u>	<u>0</u>	<u>280</u>

Perforations:
 Type perforation Factory
 Size perforation _____
 From 230 feet to 270 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 280 feet

9. WATER LEVEL
 Static water level 6.3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>100</u>		<u>2 Hrs</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name AAA Drilling Contractor
 Address 181-14 West Ballion Contractor
EIKO NV
 Nevada contractor's license number issued by the State Contractor's Board 0020684
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1438
 Signed Sha Bennett
 By driller performing actual drilling on site or contractor
 Date _____

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 STATE ENGINEERS OFFICE