

PRINT OR TYPE ONLY
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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. 2031

1. OWNER Foreland Corp ADDRESS AT WELL LOCATION Hay Ranch # 1-17
 MAILING ADDRESS 1104 Country Hills Dr
Suite 307, Ogden, Utah
 2. LOCATION NW 1/4 SE 1/4 Sec. 17 T 29 N R 52 E Eureka County
 PERMIT NO. DB 148 MD Baud m 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
TOP soil		0	2	2
Clay		2	160	158
Clay sand gravel	X	160	190	30
Sand gravel	X	190	210	20
		210	220	10

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet
220 Feet
 _____ Inches _____ Feet
 _____ Inches _____ 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>220</u>

Perforations:
 Type perforation Factory
 Size perforation _____
 From 160 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 FE Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 220 feet

9. WATER LEVEL
 Static water level 10 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 AAA Drilling
 Address 181-14 W Bullion ELKO, 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 Shaw Bennett
 By driller performing actual drilling on site or contractor
 Date June 25-93

Date started June 11, 1993
 Date completed June 11, 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>20</u>	<u>0</u>	<u>2</u>

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 STATE ENGINEERS OF NV