

CHW-22

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 47810
Permit No. 092
Basin
NOTICE OF INTENT NO. 19975

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

1. OWNER CHEVRON ADDRESS AT WELL LOCATION _____
MAILING ADDRESS P.O. Box 5004 180 and Wells Exit
San Ramon, Ca 94583 Wells, NV
2. LOCATION NE 1/4 SW 1/4 Sec. 10 T. 37 N N/S R. 62E E. ELKO County
PERMIT NO. R224 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 | Thickness |
|---------------------------------------|--------------|------|----|-----------|
| Abandoned well | | | | |
| Dumped Cement | | | | |
| with 1" Tremie pipe from 1' 24' to 0' | | | | |
| Removed PVC Well | | | | |

8. WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From 8" Inches 0 Feet 24 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2" | | SCH 40 | 0 | 14 |

Perforations:
Type perforation _____
Size perforation 14 0.020
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

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

Date started 10-26-94, 19_____
Date completed 10-26-94, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name P. C. Exploration, Inc. Contractor
Address P.O. Box 870096 Contractor
Woods Cross, Utah 84087-0096
Nevada contractor's license number issued by the State Contractor's Board 95 7301
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
Signed [Signature]
By driller performing actual drilling on site or contractor
Date November 8, 1994

NOV 17 11:04
REGISTERED PROFESSIONAL ENGINEERS OF THE STATE OF NEVADA