

OFFICE USE ONLY
 Log No. 67867
 Permit No. _____
 Basin 049

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. 36448

1. OWNER ALVA J. JANE McMICHELL ADDRESS AT WELL LOCATION Block E
 MAILING ADDRESS 1548 N 2000 W Lot 73 LCR # 3
Farr West Utah
 2. LOCATION SE 1/4 SE 1/4 Sec. 6 T. 37 N. S. R. 56 E. EIKO County
 PERMIT NO. 032-005-073 032-005-073 LCR # 3
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------|--------------|------|-----|------------|
| TOP soil | | 0 | 2 | 2 |
| cobbles | | 2 | 18 | 16 |
| sandstone | | 18 | 22 | 4 |
| Blue clay | | 22 | 310 | 288 |
| sandstone | X | 310 | 342 | 32 |
| clay | | 342 | 350 | 8 |

8. WELL CONSTRUCTION
 Depth Drilled 350 Feet Depth Cased 350 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 350 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>350</u> |

Perforations:
 Type perforation Fee
 Size perforation _____
 From 285 feet to 305 feet
 From 325 feet to 345 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 350 feet

9. WATER LEVEL
 Static water level 184 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started August 23 1997
 Date completed August 24 1997

7. WELL TEST DATA

| TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
|---|-------------------------------|--------------|--|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| <u>207</u> | <u>77</u> | <u>4</u> | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Staco Well Service Contractor
 Address P.O. Box 10 Contractor
EIKO NV
 Nevada contractor's license number issued by the State Contractor's Board 0038169
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1438
 Signed Shane Bennett
 By driller performing actual drilling on site or contractor
 Date August 24-97