

OH-67 SE/SW/10 40 N 34

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. 73533
Permit No. _____
Basin 31

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 INTEREST NO. _____

1. OWNER AMAX OIL INC ADDRESS AT WELL LOCATION AMAX OIL
MAILING ADDRESS 600 500 HOUSE RD SLEEPER, MINN
2. LOCATION SESE SW Sec. 10 T. 40 N. R. 34 E. HUMBOLDT County
PERMIT NO. 53227 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>PUMP TRIMMED TO BOTTOM</u>				
<u>PUMP CEMENT OFF BOTTO</u>				
<u>RECEIVED</u>				
<u>17 SEP 23 11:13:29</u>				

8. WELL CONSTRUCTION
Depth Drilled 40 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)
6 PK 2 0 4
0 40
Perforations:
Type perforation Slotted
Size perforation 2.0
From 8 feet to 40 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 _____ 19____
Date completed _____ 19____

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

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			
<u>Plugging of log</u>			<u>36784</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 Services Contractor
Address 3355 LAST CHANCE RD
ELKO, NV 89801 Contractor
Nevada contractor's license number issued by the State Contractor's Board: 2038169
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 2053
Signed _____
By driller performing actual drilling on site or contractor
Date 9/11/97