

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 10066

OWNER Galactic Services ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 5250 S. Virginia Street Ivanhoe Project Well #3
Reno, Nevada 89502

2. LOCATION SE 1/4 NW 1/4 Sec. 9 T. 37 N/S R. 48 E Elko County
PERMIT NO. non designated basin Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
New Well Recondition
Deepen Other
4. PROPOSED USE
Domestic Irrigation Test
Municipal Industrial Stock
5. TYPE WELL
Cable Rotary
Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Rock		0	281	281
Rock & clay		281	499	218
Caly, silt		499	734	235
			734	235

8. WELL CONSTRUCTION
Diameter hole 12-1/2 inches Total depth 734 feet
Casing record 8-5/8 O.D. x 1/4
Weight per foot 22.36 Thickness _____
Diameter From To
4-5/8 inches +2 feet 725 feet
8-5/8 inches +2 feet 725 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type cement slurry
Depth of seal 60 feet
Gravel packed: Yes No
Gravel packed from 60 feet to 734 feet
Perforations: P/M wire weld wound screen
Type perforation 3/16 wire weld wound screen
Size perforation 3" x 1/8" OBO
From 200 feet to 240 feet
From 200 feet to 400 feet
From 400 feet to 500 feet
From 580 feet to 725 feet
From _____ feet to _____ feet

Date started July 6, 1988
Date completed August 3, 1988

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>100</u>	<u>211</u>	<u>72</u>

9. WATER LEVEL
Static water level 153 feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature warm ° F. Quality _____

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Sargent Irrigation Company Contractor
Address P.O. Box 2646, Elko, Nevada 89801 Contractor
Nevada contractor's license number 21248 21246
Nevada contractor's drillers number 1301 1321
Nevada driller's license number 1541 1541 Actual Driller
Signed _____ Contractor
Date October 17, 1988

BAILER TEST
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours