

OFFICE USE ONLY
Log No. 12841
Permit No. _____
Basin Stepoe

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Joe E. Larson ADDRESS 850 Olson Ave. Ely NV

2. LOCATION N.W. 1/4 S.E. 1/4 Sec. 21 T. 17 N/S R. 63 E County _____
PERMIT NO. _____

3. TYPE OF WORK			4. PROPOSED USE			5. TYPE WELL	
New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	Deepen <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Municipal <input type="checkbox"/>	Test <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>			Industrial <input type="checkbox"/>		Stock <input type="checkbox"/>	Cable <input type="checkbox"/>
							Rotary <input type="checkbox"/>

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Top Soil</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>Clay</u>		<u>4</u>	<u>114</u>	<u>114</u>
<u>Water Sand cemented</u>		<u>114</u>	<u>115</u>	<u>1</u>
<u>Clay</u>		<u>115</u>	<u>125</u>	<u>10</u>
<u>Water Sand cemented</u>		<u>125</u>	<u>128</u>	<u>3</u>
<u>Clay</u>		<u>128</u>	<u>130</u>	<u>2</u>
<u>Cemented Soil</u>		<u>130</u>	<u>142</u>	<u>12</u>
<u>Water Sand</u>		<u>142</u>	<u>150</u>	<u>8</u>

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 150 feet
 Casing record 8 I.N. 2.18 side well
 Weight per foot _____ Thickness 2.18

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation torch
 Size perforation 1/4" x 6"
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Date started Nov 17 19 72
Date completed Dec 26 19 72

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

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

9. WATER LEVEL

Static water level _____ Feet below land surface
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name J.B. Hicks Drilling Co
 Address P.O. Box 756 E. Ely NV
 Nevada contractor's license number 10705
 Nevada driller's license number 653 +
 Signed Donald Lee Eldridge
J.B. Hicks License # 701
 Date Jan 6 - 73