DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 10497
Permit No. 24617
Basin 033

1. OWNER N. J. Ranches ADDRESS Po Box 117 Orovada Nevada

2. LOCATION NE ¼ SE ¼ Sec. 6 T. 44 N/S R. 37 E. Humboldt County
PERMIT NO. 24617

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	Thickness
Top Soil		0	12	12
Sand (Gravel)	✓	12	96	84
Yellow Clay		96	107	11
Sand & (Gravel)	✓	107	226	119
Yellow Clay		226	263	37
Sand & (Gravel)	✓	263	347	84
Yellow Clay		347	—	

Date started ....., 19.....
Date completed ....., 19.....

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	2200	140	120 hrs.

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

8. WELL CONSTRUCTION
Diameter hole 16 inches Total depth 347 feet
Casing record 0 - 347
Weight per foot ..... Thickness .....

Diameter		From		To	
16	inches	0	feet	347	feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet

Surface seal: Yes ☑ No ☐ Type Mud
Depth of seal 12 Feet feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Mills
Size perforation ½ 4
From 125 feet to 345 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 50 Feet below land surface
Flow — G.P.M.
Water temperature ..... ° F. Quality Good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name L. B. J. Drilling & Pump Co.
Address P.O. Box 902 Winnemucca
Nevada contractor's license number 7805
Nevada driller's license number 493
Signed Joe Bozzo Jr.
Date .....

USE ADDITIONAL SHEETS IF NECESSARY

5471