

DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

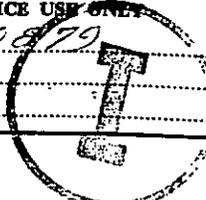
Please complete this form in its entirety

OFFICE USE ONLY

Log No. 10879

Permit No. \_\_\_\_\_

Basin. \_\_\_\_\_



1. OWNER FOOTE MINERAL ADDRESS SILVER PEAK, NEVADA

2. LOCATION SE 1/4 NE 1/4 Sec. 18 T. 2 S. N/SR. 40 E ESMERALDA County

PERMIT NO. \_\_\_\_\_

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Backfill		0	4 1/2	4 1/2
Brown and gray clay		4 1/2	16 1/2	12
White salt		16 1/2	19	2 1/2
Black tuff clay & salt		19	34	15
Multicolored clays		34	291	257
Blue gray shaley clay		291	301	2
White pumice		301	306	5
Blue-green-gray & brown clay		306	442	136
Gray and brown shaley clay lenses		442	446	4
Brownish gray clay		446	459	13

8. WELL CONSTRUCTION

Diameter hole 24 inches Total depth 459 feet

Casing record \_\_\_\_\_

Weight per foot \_\_\_\_\_ Thickness 250

Diameter	From	To
<del>28</del> 30 inches	0 feet	<del>298</del> 40 feet
24 inches		feet
12 inches	-2 1/2 feet	459 feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes  No  Type cement

Depth of seal 40 ft. feet

Gravel packed: Yes  No

Gravel packed from 0 feet to 430 feet

Perforations:

Type perforation slot

Size perforation 3/16 X 1 1/2

From 0 feet to 459 feet

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level 80 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 Cope Drilling Pump Co

Address P.O. Box 1196  
Shoshone, Idaho

Nevada contractor's license number \_\_\_\_\_

Nevada driller's license number 593

Signed [Signature]

Date 11-15-69

Date started 10-13-69, 19\_\_\_\_

Date completed 10-17-69, 19\_\_\_\_

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