DIVISION OF WATER RESOURCES

(# 24634)

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 10922
Permit No. 24634
Basin Reese River

1. OWNER M M & S Exploration ADDRESS Elko Nevada

2. LOCATION SE ¼ NE ¼ Sec. 13 T. 19 N/S R. 43 E. County
PERMIT NO.

3. TYPE OF WORK
New Well ☐ Recondition ☐
Deepen ☐ Other ☒ (TEST HOLE)

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☒
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☒ Rotary ☐
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Strata of sand, gravel and minerals		0	480	480
Quicksand		480	530	50

This was not classified as a water well at the time of drilling.
It was a test hole for minerals and the findings were to be confidential.
I submitted samples to the Supt. on job at this time.

I speak only for the hole I drilled. Other companies from California have drilled there for them since.

Date started Fall of 1968, 19
Date completed , 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

8. WELL CONSTRUCTION
Diameter hole 10 inches Total depth 530 feet
Casing record
Weight per foot Thickness ¼"

Diameter	From	To
10 inches	0 feet	530 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
Size perforation
From feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 480 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 O M Gullard Drilling Co
Address P.O. Box 41
Nevada contractor's license number 4796
Nevada driller's license number 115
Signed O M Gullard
Date 2-28-70

USE ADDITIONAL SHEETS IF NECESSARY

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