

OFFICE USE ONLY
 Log No. 12201
 Permit No. _____
 Basin South Fork

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Robert Murray ADDRESS 817 Hillside Drive
Elko, Nev.
 2. LOCATION E 1/4 Sec. 26 T. 32 N/S R. 57 E. Elko County
 PERMIT NO. Lat 5 - Block A Pleasant Valley Estates

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
<u>Brown granly Clay</u>		<u>0</u>	<u>70</u>	<u>70</u>
<u>Sand</u>	<u>K</u>	<u>70</u>	<u>72</u>	<u>2</u>
<u>Brown Clay</u>		<u>72</u>	<u>100</u>	<u>28</u>
<u>Sand, Gravel</u>	<u>K</u>	<u>100</u>	<u>145</u>	<u>45</u>
<u>Light Brown Clay</u>		<u>145</u>	<u>150</u>	<u>5</u>
<u>Drill & Drive casing from 0 to 150 ft</u>				

8. 50'-18" WELL CONSTRUCTION
 Diameter hole 100'-8 inches Total depth 150 feet
 Casing record _____
 Weight per foot _____ Thickness 188

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>150</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Cement Grout
 Depth of seal 50 ft feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory Cut
 Size perforation 1/8 x 1/3
 From 100 feet to 140 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 30 Feet below land surface
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality Good

Date started 4-3 19 72
 Date completed 4-11 19 _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name O.M. Gulland Drilling Co
 Address PO 41 - Elko Nev
 Nevada contractor's license number 4796
 Nevada driller's license number 115
 Signed O.M. Gulland
 Date 4-22-72

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. 20 Draw down 35 feet 1 hour
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours