

Log No. 13909  
Permit No. \_\_\_\_\_  
Basin Mason Valley

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Lt. P. Rancher ADDRESS Ryder Lane Youngton  
Nevada

2. LOCATION SE 1/4 SE 1/4 Sec. 15 T. 14 N/S R. 26 E Lyon 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"/> Test <input type="checkbox"/>	Cable <input type="checkbox"/> Rotary <input checked="" type="checkbox"/>
Deepen <input type="checkbox"/> Other <input type="checkbox"/>	Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input checked="" type="checkbox"/>	Other <input type="checkbox"/>

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>20' Soil Fills</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>Gravel Sand</u>		<u>10</u>	<u>24</u>	<u>14</u>
<u>Green Sand &amp; Clay</u>		<u>24</u>	<u>42</u>	<u>18</u>
<u>Gravel &amp; Sand</u>		<u>42</u>	<u>60</u>	<u>18</u>
<u>Sand</u>				
<u>Gravel &amp; Rock</u>		<u>60</u>	<u>72</u>	<u>12</u>

8. WELL CONSTRUCTION

Diameter hole 10 1/2 inches Total depth 72 feet  
 Casing record 10 1/2  
 Weight per foot \_\_\_\_\_ Thickness 10 1/2  
 Diameter 6 3/4 inches From 0 feet To 72 feet  
 \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet

Surface seal: Yes  No  Type \_\_\_\_\_  
 Depth of seal \_\_\_\_\_ feet  
 Gravel packed: Yes  No   
 Gravel packed from 0 feet to 72 feet

Perforations:  
 Type perforation Gravel  
 Size perforation 1/2"  
 From 22 feet to 72 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level 10 Feet below land surface 10  
 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 Ogden's Well Drilling  
 Address P.O. Box 884 Youngton  
 Nevada contractor's license number 6540  
 Nevada driller's license number 634  
 Signed Fairy Ogden  
 Date April 1, 1924

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