

Log No. 16137
 Permit No. _____
 Basin _____



WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Bayle + Clark Valley ADDRESS 3543 Arcadia Jacks
 2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. 6 T. 17 N/S R. 20 E. Douglas County
 PERMIT NO. _____

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>Loose sand</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>Clay + sand</u>		<u>5</u>	<u>52</u>	<u>47</u>
<u>W.B. sand</u>	<u>W.B.</u>	<u>52</u>	<u>68</u>	<u>16</u>
<u>Clay</u>		<u>68</u>	<u>79</u>	<u>11</u>
<u>W.B. sand</u>	<u>W.B.</u>	<u>79</u>	<u>83</u>	<u>4</u>
<u>Clay</u>		<u>83</u>	<u>94</u>	<u>11</u>
<u>W.B. sand</u>		<u>94</u>	<u>100</u>	<u>6</u>
<u>Clay</u>		<u>100</u>	<u>101</u>	<u>1</u>

8. WELL CONSTRUCTION
 Diameter hole 8 inches Total depth 101 feet
 Casing record 101
 Weight per foot _____ Thickness 188

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>101</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Cement
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation factory
 Size perforation 5/32
 From 67 feet to 101 feet
 From _____ feet to _____ feet

Date started 1-9, 1976
 Date completed 1-13, 1976

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level _____ 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 James James Well Dr.
 Address 509 Phillips C.C.
 Nevada contractor's license number 12554
 Nevada driller's license number 800
 Signed James James
 Date 1-13-76

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