DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 16633
Permit No.
Basin

1. OWNER Clark Mining Corp. ADDRESS P.O. Box 418 Ely, Nevada 89301

2. LOCATION N W ¼ S E ¼ Sec. 15 T. 14 N/S R. 67 E. White Pine County
PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [X] Rotary [ ]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fill Dirt		0		47ft
Rock		47 ft		70 ft
Rock &Clay		70 ft		191 ft
Water Sand		191 ft		192
Rock		192ft		253 ft
Water sand		253 ft		294 ft

Date started April 16, 1977
Date completed June 4, 1977

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 8 inches Total depth 294 feet
Casing record
Weight per foot ..... Thickness .188

Diameter	From	To
8 inches	0 feet	294 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type cement
Depth of seal 50 feet
Gravel packed: Yes [ ] No [ ]
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Factory
Size perforation 3/16 x 2½ in
From 154 feet to 294 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 250 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 F.B. Hicks Drilling Co
Address P.O. Box 756 East Ely, Nev 89315
Nevada contractor's license number 10705
Nevada driller's license number 701
Signed F.B. Hicks
Date 6-29-77

USE ADDITIONAL SHEETS IF NECESSARY

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