

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Terry Callahan ADDRESS 1645 Karen Carson City, Nevada 89701
2. LOCATION 1/4 NW 1/4 Sec 31 T. 17N N/S R. 20 E. Washoe County
PERMIT NO. Lot #7 Block F New Washoe City Sub #1 Brenda Circle

3. TYPE OF WORK
New Well Recondition
Deepen Other
4. PROPOSED USE
Domestic Irrigation Test
Municipal Industrial Stock
5. TYPE WELL
Cable Rotary
Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown rock & sand coarse to fine		0	10	10
Brown sand		10	25	15
Brown sand Loose		25	55	30
Brown decomposed granite sand		55	75	20
Brown decomposed granite sand fine to small F WATER		75	100	25
Brown decomposed granite sand fine to small		100	125	25
Brown cemented sand fine to small		125	150	25
Brown cemented sands med to coarse		150	175	25
Brown cemented sands coarse		175	183	8

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 183 feet
Casing record 0 - 183' x 6 5/8 O.D.
Weight per foot 12.89 Thickness 1.88
Diameter From To
10 inches 0 feet 50 feet
8 1/2 inches 50 feet 183 feet
Surface seal: Yes No Type transit mix
Depth of seal 50' feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet
Perforations:
Type perforation 7 factory mill slot
Size perforation 1/8 x 2 1/2"
From 163 feet to 183 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 63 Feet below land surface
Flow _____ G.P.M.
Water temperature cold °F. Quality not tested

Date started 12-26-77, 19____
Date completed 12-30-77, 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
AIR BLOWN:	12 GPM @	150' depth	
	10 GPM @	130' depth	

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name W.L. McDonald & Co., Inc.
Address P.O. Box 404; Sparks, NV 89431
Nevada contractor's license number 9767
Nevada driller's license number 923
Signed Ed Mondragon
Ed Mondragon
Date 4 January, 1978

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