WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 19673
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER C-2 Cattle Company ADDRESS Star Route
Winnemucca, NV 89445

2. LOCATION NE ¼ NE ¼ Sec. 3 T. 43N N/S R. 31E E. Humboldt 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	Thickness
Top Soil		0	22	22
Sandy Clay		22	63	41
Sand & Gravel		63	69	6
Sandy Brown Clay		69	182	113
Sandy Clay		182	271	89
Brown Clay		271	364	93
Sandy Brown Clay		363	418	55
Clay with small		418	900	482
streak of Sandstone				

Date started May 12, 19 72
Date completed June 30, 19 72

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	1000	240	12 Hours

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 16 inches Total depth 900 feet
Casing record 43 LB.
Weight per foot 43 LB. Thickness 1/4

Diameter	From	To
16 inches	0 feet	426 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☒ Type
Depth of seal feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation Mills
Size perforation 1/2 X 2"
From 150 feet to 426 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 58 Feet below land surface
Flow G.P.M.
Water temperature Cool °F. Quality Good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Armstrong Brothers
Address 4710 Highway 40 West
Nevada contractor's license number 5348
Nevada driller's license number 620
Signed By: Armstrong Brothers
Joe F. Armstrong
Date June 15, 1972

USE ADDITIONAL SHEETS IF NECESSARY

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