

WELL DRILLERS REPORT

Please complete this form in its entirety

Log No. 19942

Permit No. _____

Basin _____

1. OWNER Lee Smith ADDRESS P.O. Box 737
Ferrelles Nev.

2. LOCATION NE 1/4 NE 1/4 Sec 26 T 20 N 3 R 25 E Lyon County Count
 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 Air

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|-----|------------|
| Clay with Cobbles and Boulders | | 0 | 35 | 35 |
| Clay, Gravel with Cobbles | | 35 | 103 | 68 |
| Cemented Sand- Gravel-Rock Clay | | 103 | 118 | 16 |
| Cemented Sand- Gravel | | 118 | 215 | 97 |
| Dark cemented Sand & Gravel | | 215 | 230 | 15 |
| Clay | | 230 | 235 | 5 |
| Dark sand & Gravel with Clay stringers | | 235 | 274 | 39 |
| Deepened By Well Log 124781 | | | | |

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 274 feet
 Casing record 6 5/8 x 274
 Weight per foot 12.02 Thickness .250

| Diameter | From | To |
|------------------|-----------|-----------------|
| <u>10</u> inches | <u>0</u> | <u>50</u> feet |
| <u>6</u> inches | <u>50</u> | <u>274</u> feet |
| _____ inches | _____ | _____ feet |
| _____ inches | _____ | _____ feet |
| _____ inches | _____ | _____ feet |
| _____ inches | _____ | _____ feet |

Surface seal: Yes No Type Cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation Machine slit
 Size perforation 3/32 x 2 1/2"
 From 250 feet to 270 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ Feet below land surface 135
 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 W. B. Apple / Welsuo Drilling
 Address Box 888
 Nevada contractor's license number 11752
 Nevada driller's license number 772
 Signed W. B. Apple
 Date June 29-79

7. WELL TEST DATA

| Pump RPM | G.P.M. | Draw Down | After Hours Pump |
|--------------------|------------------|-----------|------------------|
| <u>Air Blown @</u> | <u>25 G.P.M.</u> | <u>8'</u> | <u>10 25</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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