

OFFICE USE ONLY
 Log No. 20264
 Permit No. 31751
 Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Skira Pacific Power Co. ADDRESS P.O. Box 41
Valley, Nevada 89438

2. LOCATION SW 1/4 NW 1/4 Sec 7 T. 34N N/S R. 43E E Humboldt 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Topsoil, Sand + Gravel		0	29	
Brown Clay		29	39	
Red Gravel		39	47	
Brown Clay		47	214	
Fine Sand		214	230	
Clay		230	231	
Sand + Gravel		231	233	
Hard Brown Clay		233	246	
Sand + Clay		246	255	
Gravel		255	263	
Coarse Sand + Gravel Tight		263	293	
Fine Sand		293	300	
Plugged by Well log 123218				

8. WELL CONSTRUCTION

Diameter hole 8" inches Total depth 300 feet
 Casing record _____
 Weight per foot _____ Thickness 1/4"

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>290</u> 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 50 Feet feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 300 feet

Perforations:
 Type perforation FUL-Flow Leaver
 Size perforation 1/4" .080
 From Blank 0 feet to 210 feet
 From PERF. 210 feet to 290 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 25 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 Cal-Vada Well Drilling
P.O. Box 1927
 Address Turlock, California 95380

Nevada contractor's license number 014784

Nevada driller's license number 1034

Signed R.C. Reeves

Date 8-23-79

7. WELL TEST DATA

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

BAILER TEST OFFICE

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