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. 21832
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Phillips Petroleum Company ADDRESS P. O. Box 10566 Reno, Nevada 89510

2. LOCATION NE ¼ NW ¼ Sec. 3 T. 22 N/S R. 35 E. Churchill 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
Sand and gravel		0	60	
Gravel, sand, silt and clay		60	80	
Sand and gravel		80	120	
Coarse gravel		120	170	
Sand and silt		170	200	

Date started April 10, 19 78
Date completed April 15, 19 78

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 4 3/4 inches Total depth 200 feet
Casing record 200 feet of 1" PVC
Weight per foot ..... Thickness .....

Diameter	From	To
1 inches	0 feet	200 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 1 foot feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation None
Size perforation
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level unknown 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 Willis Hines
Address P. O. Box 10566 Reno, Nevada 89510

Nevada contractor's license number

Nevada driller's license number 874

Signed Willis Hines

Date

USE ADDITIONAL SHEETS IF NECESSARY

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