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. 21917
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 SW ¼ NW ¼ Sec. 27 T. 25 N/S R. 27 E. Pershing 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 & gravel		0	30	
Gravel with some sand		30	70	
Sand		70	140	
Sand & gravel		140	180	
Sand with alittle gravel		180	300	

Date started May 30, 1977
Date completed June 3, 1977

7. NA WELL TEST DATA

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

BAILER TEST
G.P.M. NA 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 300 feet
Casing record 3/4" PVC Pipe
Weight per foot ..... Thickness .....

Diameter	From	To
3/4 inches	0 feet	300 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 ND Feet below land surface ND
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 7-20-77

USE ADDITIONAL SHEETS IF NECESSARY

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