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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 21948
Permit No.
Basin 129 - BUENA VISTA V.

1. OWNER Phillips Petroleum Company ADDRESS P.O. Box 6256
Reno, Nevada 89513

2. LOCATION NW ¼ NE ¼ Sec. 35 T. 26 N/S R. 35 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
Coarse sand and gravel		0	100	100
Conglomerate		100	120	20
Coarse sand and gravel		120	200	80

Date started June 7, 1979
Date completed June 7, 1979

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 5 inches Total depth 200 feet
Casing record 200 feet 1" PVC
Weight per foot ..... Thickness .....

Diameter	From	To
inches	feet	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 one 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 Les Woytek
Address 4662 Maynard Way
Sun Valley, Nevada

Nevada contractor's license number

Nevada driller's license number 01012

Signed Les Woytek

Date 8-22-79

USE ADDITIONAL SHEETS IF NECESSARY

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