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. 21975
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 NW ¼ NE ¼ Sec. 31 T. 28 N/S R. 28 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 with a little gravel		0	60	
Sand and gravel		60	190	
Silt with a little clay		190	300	

Date started January 14, 1978
Date completed January 15, 1978

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 4¾ inches Total depth 300 feet
Casing record 300 feet of 1" PVC
Weight per foot ..... Thickness .....

Diameter	From	To
1 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 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 2-1-78

USE ADDITIONAL SHEETS IF NECESSARY

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