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. 21984
Permit No.
Basin

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

2. LOCATION NW ¼ SE ¼ Sec. 36 T. 29 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
Gravel and sand		0	100	
Silt and clay		100	130	
Sand and silt		130	300	

Date started January 21, 19 78
Date completed January 22, 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 300 feet
Casing record 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 2-2-78

USE ADDITIONAL SHEETS IF NECESSARY

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