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. 21992
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Chevron Oil Ltd. ADDRESS 320 Market St. San Francisco CA 94105

2. LOCATION NE ¼ NW ¼ Sec. 12 T. 29 N/S R. 36 E. Pershing County
PERMIT NO. N2-30-76

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 #7

Material	Water Strata	From	To	Thickness
Sand & Gravel		0'	195'	195'
Silty Clay		195'	235'	40'
Gradient Temperate Hole				

Date started Nov. 11, 19 76
Date completed Nov. 11, 19 76

7. WELL TEST DATA NO TEST

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 1/4 inches Total depth 235 feet
Casing record 1" steel pipe — capped both ends
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 10 feet
Gravel packed: Yes ☒ No ☐ Backfilled
Gravel packed from 10 feet to 235 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 NONE 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 Marvin Eckund
Address 9 Kit Sierra Loop Carson City, Nev.
Nevada contractor's license number 8912
Nevada driller's license number 853
Signed Marv Eckund
Date Nov. 11-76

USE ADDITIONAL SHEETS IF NECESSARY

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