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. 220176
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 NE ¼ Sec. 32 T. 30 (N) S R. 49 E. EUREKA County
PERMIT NO. G-NV-010-77-02

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 #5

Material	Water Strata	From	To	Thickness
Gravel		0'	23'	23'
Granite	x	23'	245'	222'
Temperature Gradient Hole				

Date started DEC. 12, 19 76
Date completed DEC. 13, 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 5¼" inches Total depth 245' feet
Casing record 2½" PVC 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 245' 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 — Feet below land surface 225'
Flow — G.P.M. 5
Water temperature 70 ° F. Quality CLEAN

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Bob Nuttall
Address 1129 River St. Elko, Nevada
Nevada contractor's license number 8912
Nevada driller's license number 875
Signed Bob Nuttall
Date Dec-13-76

USE ADDITIONAL SHEETS IF NECESSARY

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