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. 22722
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER PHILLIPS PETROLEUM ADDRESS PO BOX 6256 RENO, NEVADA 89513

2. LOCATION NW ¼ NW ¼ Sec. 26 T. 33 (N)S R. 33 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
SILT SAND & GRAVEL		0	20	
GRANITE		20	125	
ALTERED GRANITE W/CLAY		125	210	
GRANITE		210	300	

Date started 4-21, 19 81
Date completed 4-22, 19 81

7. NA WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. NA Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole 6¼ inches Total depth 300 feet
Casing record ~~1½" IRON PIPE~~ ¾" PVC
Weight per foot ..... Thickness .....

Diameter	From	To
¾ ~~1½~~ 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 .....
Depth of seal ..... 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 JERRY BERGSTAD
Address 2255 GLENDALE AV, SPARKS, NV
Nevada contractor's license number 15291
Nevada driller's license number 662
Signed Jerry Bergstad
Date .....

USE ADDITIONAL SHEETS IF NECESSARY

O-627