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. 22957
Permit No.
Basin 101

1. OWNER O Hicks ADDRESS 1345 Bonanza Lane

2. LOCATION NW ¼ SE ¼ Sec. 24 T. 19 N/S R. 28 E. Churchill 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 ☐ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand & Clay		0	21	21
Gravel		21	35	14
Black Clay		35	66	31
Green Sand		66	69	3
Green Clay & Sand		69	90	21
Sand & Gravel		90	108	18

Date started April 17, 19 81
Date completed April 18, 19 81

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blown @ 50 G.P.M.			

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 6 inches Total depth 108 feet
Casing record 6 5/8 x 108
Weight per foot 12.92 Thickness .188

Diameter	From	To
10 inches	0 feet	50 feet
6 inches	50 feet	108 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Machine slot
Size perforation 3/32 x 2½
From 95 feet to 105 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 13
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 J.W. Giffle
Address Box 888
Nevada contractor's license number 11752
Nevada driller's license number 072
Signed [signature]
Date April 18-81

USE ADDITIONAL SHEETS IF NECESSARY

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