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. 27749
Permit No.
Basin

1. OWNER [illegible] Cooper Inc. ADDRESS P.O. Box 1263
Tonopah, Nevada 89049

2. LOCATION ¼ ¼ ¼ Sec. T. N/S R. E. [illegible] County
PERMIT NO. [illegible]

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
[illegible]				

Date started ..... 19....
Date completed ..... 19....

7. WELL TEST DATA

Pump Rate	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 [illegible] inches Total depth [illegible] feet
Casing record
Weight per foot ..... Thickness [illegible]

Diameter	From	To
..... inches	[illegible] feet	[illegible] 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
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
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 [illegible]
Address [illegible]
Nevada contractor's license number 4286A
Nevada driller's license number [illegible]
Signed
Date [illegible]

USE ADDITIONAL SHEETS IF NECESSARY