



WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Mike Fallis ADDRESS Gen Del. Rachel Nev.

2. LOCATION SW 1/4 SW 1/4 Sec 36 T. 3 N S R. 55 E MDBM / Lincoln County
 PERMIT NO. _____

3.	TYPE OF WORK			4.	PROPOSED USE			5.	TYPE WELL	
	New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	Other <input type="checkbox"/>		Domestic <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Test <input type="checkbox"/>		Cable <input type="checkbox"/>	Rotary <input checked="" type="checkbox"/>
	Deepen <input type="checkbox"/>			Municipal <input type="checkbox"/>	Industrial <input type="checkbox"/>	Stock <input type="checkbox"/>				

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	12	12
Hard pan		12	18	6
sand + gravel		18	65	47
Hard Cemented rock		65	80	15
gravel + sand - water		80	105	25
Hard pan		105	130	25
Med Hard Rock Rock		130	140	10
gravel		140	165	25
Hard		165	172	7

T.D. 172'

8. WELL CONSTRUCTION

Diameter hole 1.5 inches Total depth 172 feet
 Casing record _____
 Weight per foot _____ Thickness 1.88

Diameter	From	To
<u>8"</u> inches	0	172
_____ inches	_____	_____

Surface seal: Yes No Type Cement
 Depth of seal 55 feet
 Gravel packed: Yes No
 Gravel packed from 55 feet to 172 feet

Perforations:
 Type perforation Torch Cut
 Size perforation 1/8 x 12"
 From 70 feet to 172 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 90 Feet below land surface 75
 Flow _____ G.P.M.
 Water temperature Cold ° F. Quality good

10. DRILLERS CERTIFICATION

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

Name Mike Davis
 Address Box 1175, Rachel NV
 Nevada contractor's license number ~~_____~~
 Nevada driller's license number 1191

Signed _____
 Date 7-1-80

Date started 6-27, 1980
 Date completed 7-1, 1980

7. WELL TEST DATA

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

BAILER TEST

G.P.M. 30 Draw down 2 feet 2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours