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. 23798
Permit No. 40355
Basin

No CARD

1. OWNER Galli Mineral Associates ADDRESS 940 MatleyLane
Suite 14 Reno Nev. 89502

2. LOCATION ¼ NE ¼ Sec. 35 T. 19 N/S R. 35 E. Eureka County
PERMIT NO. 40355

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [X] Stock [ ]

5. TYPE WELL
Cable [ ] Rotary [X]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Rhyodaite		0	146	146
Limestone & Dolomite		146	1035	889

Date started July 14, 19 81
Date completed June 4, 19 82

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3400	12	436	5

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 12¼ inches Total depth 1035 feet
Casing record
Weight per foot Thickness .188

Diameter		From		To	
14	inches	0	feet	30	feet
8	inches	0	feet	1035	feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet

Surface seal: Yes [X] No [ ] Type cement
Depth of seal 50' feet
Gravel packed: Yes [X] No [ ]
Gravel packed from 50 feet to 1035 feet

Perforations:
Type perforation mill-cut
Size perforation 1/8 x 2½
From 370 feet to 1035 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 404 Feet below land surface
Flow ..... G.P.M.
Water temperature cool° F. Quality

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

Name Thomas L. Anzalone
Address Box 7c-1 Beryl, Utah
Nevada contractor's license number
Nevada driller's license number 1255
Signed T. L. Anzalone
Date Aug 5 1982

USE ADDITIONAL SHEETS IF NECESSARY

O-627