WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

8-87

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 23971
Permit No.
Basin

1. OWNER Phillips Petroleum Company ADDRESS P. O. Box 6256 Reno, Nevada 89513

2. LOCATION SE ¼ SW ¼ Sec. 23 T. 29 N/S R. 32 E. Pershing County
PERMIT NO.

3. TYPE OF WORK
New Well ☐ Recondition ☐
Deepen ☐ Other XX

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test XX
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary XX
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silt, sand and gravel		0	20	
Gravel with some sand and silt		20	50	
Gravel and sand with some silt		50	300	

Date started July 20, 1982
Date completed July 21, 1982

7. N/A WELL TEST DATA

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

BAILER TEST
G.P.M. N/A Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole 4 3/4 inches Total depth 300 feet
Casing record 1" PVC pipe
Weight per foot ..... Thickness .....

Diameter	From	To
1 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 cement
Depth of seal 1 foot feet
Gravel packed: Yes ☐ No XX
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 none 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 Willis Hines
Address P. O. Box 987 Carlin, Nevada 89822

Nevada contractor's license number
Nevada driller's license number 874

Signed [signature]
Date 7-29-84

USE ADDITIONAL SHEETS IF NECESSARY

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