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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 24921
Permit No. 46662
Basin MAGGIE CREEK AREA
4-51

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Maggie Creek Ranch ADDRESS Elko Nevada

2. LOCATION SW ¼ NE ¼ Sec. 21 T. 34 N/S R. 52 E. Elko County
PERMIT NO. 46662

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
Top Soil		0	2	2
Clay		2	197	195
Clay & Gravel		197	380	183
Rock Brown	X15'	380	385	15

Date started Sept 6, 19 83
Date completed Sept 9, 19 83

7. WELL TEST DATA

Pump RPM	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 12 inches Total depth 396 feet
Casing record Steel
Weight per foot ..... Thickness .250

Diameter	From	To
8 5/8 inches	+ 1 feet	395 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

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

Perforations:
Type perforation Factory
Size perforation 3/16 x 3
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 220 Feet below land surface 220'
Flow — G.P.M. 50
Water temperature ..... °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 Elsing Drilling & Pump, Inc.
Address Box 919, Twin Falls, Idaho 83301
Nevada contractor's license number 017177
Nevada driller's license number 1293
Signed [signature]
Date Sept 27, 1983

USE ADDITIONAL SHEETS IF NECESSARY

O-627