

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 2725

1. OWNER BOB RUPRAEHT ADDRESS AT WELL LOCATION SW 4 8 4  
MAILING ADDRESS P.O. Box 507 9 11 25  
VERMILION, NEV. Wilson Canyon Dr. APN 04-391-10  
2. LOCATION SW 1/4 SE 1/4 Sec. 9 T 11 S R. 25 E LYON County  
PERMIT NO. 38 WALKER RIVER RANCH  
Issued by Water Resources Parcel No. Subdivision Name

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	Thick-ness
ALLUVIAL FILL		0	95	95
BROWN CLAY + ALLUVIAL FILL		95	103	8
ALLUVIAL FILL	X	103	110	7
ALLUVIAL FILL w/ CLAY STRATA	X	110	123	13

8. WELL CONSTRUCTION  
Diameter hole 12 5/8 inches Total depth 124 feet  
Casing record  
Weight per foot \_\_\_\_\_ Thickness 156/88.219  
Diameter From To  
156 8 3/8 inches 0 1 feet 15 feet  
217 8 5/8 inches 15 feet 103 feet  
188 8 3/8 inches 103 feet 123 feet  
Surface seal: Yes  No  Type CEMENT  
Depth of seal 50' feet  
Gravel packed: Yes  No   
Gravel packed from 50 feet to 123 feet  
Perforations:  
Type perforation SAWED  
Size perforation 3/32" x 3" x 8 ROWS  
From 103 feet to 123 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
Static water level 78 feet below land surface  
Flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature 60.0 ° F. Quality GOOD

Date started 10-20, 1983  
Date completed 10-28, 1983

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name ORDEN BROS. DRILLING  
162 N. BIVIS  
Address VERMILION, NEV. 89447 Contractor  
Nevada contractor's license number 15646  
Nevada contractor's drillers number 870  
Nevada driller's license number 870 Actual Driller  
Signed Billy Ogh Contractor  
Date 10/28/83

BAILER TEST  
G.P.M. 20 Draw down 10 feet 1/2 hour  
G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours