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

PRINT OR TYPE ONLY

ww1
OFFICE USE ONLY
Log No. 25139
Permit No. TESTHOLE
Basin MAGGIE CREEK 4-51
3737
NOTICE OF INTENT NO.

1. OWNER Carlin Gold
MAILING ADDRESS P.O. Box 979
Carlin, NV 89822
ADDRESS AT WELL LOCATION

2. LOCATION NE ¼ SW ¼ Sec. 2 T. 33 N/S R. 51 E Elko County
PERMIT NO. (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	Thickness
Clay & Gravel	0	0	60	60
Silt Stone	8	60	290	230
Rock	50	290	680	390

Date started 12-5, 1983
Date completed 12-7, 1983

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 6 inches Total depth 680 feet
Casing record T+C
Weight per foot .280 Thickness 3/8

Diameter	From	To
6 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
Depth of seal feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation Open hole
Size perforation
From 300 feet to 680 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 275 feet below land surface
Flow G.P.M. P.S.I.
Water temperature cold ° F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name (Contractor)
Address (Contractor)
Nevada contractor's license number 016675
Nevada contractor's drillers number 020710
Nevada driller's license number 1366 (Actual Driller)
Signed Alan Lang (Contractor)
Date 1/27/84

USE ADDITIONAL SHEETS IF NECESSARY

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