



WELL DRILLERS REPORT

Please complete this form in its entirety

NOCARD
NOTICE OF INTENT NO. 14274

PRINT OR TYPE ONLY

1. OWNER L.A. Thomas ADDRESS AT WELL LOCATION 2291 Empire Dr
MAILING ADDRESS Box 997 Virginia City Blvd
Daytone NV 89403 Virginia City Blvd
2. LOCATION SE 1/4 SE 1/4 Sec. 32 T. 18 N. S. 21 E County Storey
PERMIT NO. _____ Parcel No. Virginia Highlands

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
Brown Clay		0	28	
Blue Clay		28	71	
Black Sand	✓	71	92	
Gravel				
Black Sand		92	100	
Black Sand				
Gravel		100	103	
Water				

See log # 4356
Water 2/ft 1 ft deep in

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 103 feet
Casing record 8 5/8
Weight per foot 16.9 Thickness 1.88

Diameter	From	To
<u>12</u> inches	<u>0</u> feet	<u>52</u> feet
<u>8</u> inches	<u>52</u> feet	<u>103</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Cement
Depth of seal 52 feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet

Perforations:
Type perforation Factory
Size perforation 1/8
From 83 feet to 103 feet
From _____ feet to _____ feet

9. WATER LEVEL

Static water level 46 feet below land surface
Flow NO G.P.M. _____ P.S.I. _____
Water temperature C ° F. Quality Unknown

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Serra Pump & Drilling Contractor
Address 4639 Hwy 50 E Contractor
CC. NV. 89701
Nevada contractor's license number 012236 B
Nevada contractor's drillers number 786
Nevada driller's license number 1394 Actual Driller
Signed Christa Bleibweil Contractor
Date 8-13-84

7. WELL TEST DATA

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

BAILER TEST

G.P.M. 15 Draw down 40 feet 1 hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours