

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

1. OWNER Fred Eaton ADDRESS AT WELL LOCATION Reno
 MAILING ADDRESS Reno, Nevada

2. LOCATION Center 1/4 Sec. 6 T. 35 N/S R. 57 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	Thick-ness
<u>Soil</u>		<u>0</u>	<u>15</u>	
<u>loamy clay</u>		<u>5</u>	<u>30</u>	
<u>loam bed gravel</u>		<u>31</u>	<u>45</u>	
<u>sandstone</u>		<u>45</u>	<u>50</u>	
<u>loam bed gravel</u>		<u>50</u>	<u>55</u>	
<u>sandstone</u>		<u>45</u>	<u>57</u>	
<u>loam bed gravel</u>		<u>57</u>	<u>70</u>	
<u>sandstone</u>		<u>70</u>	<u>85</u>	
<u>loam bed gravel</u>		<u>85</u>		

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 100 feet
 Casing record _____
 Weight per foot _____ Thickness 1.50

Diameter	From	To
<u>6</u> inches	<u>0</u>	<u>100</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type concrete
 Depth of seal 60 feet
 Gravel packed: Yes No Notice _____
 Gravel packed from 60 feet to 100 feet
 Perforations:
 Type perforation factory milled
 Size perforation _____
 From 30 feet to 100 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 50' feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 ° 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 R. V. Reynolds Drilling Contractor
 Address Wells, Nevada Contractor
 Nevada contractor's license number C14410
 Nevada contractor's drillers number 1396
 Nevada driller's license number 1396 Actual Driller
 Signed [Signature] Contractor
 Date 5/12/85

Date started 5/9/85, 19____
 Date completed 5/9/85, 19____

7. WELL TEST DATA

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

BATER TEST
 G.P.M. 20 T Draw down 30 feet 2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours