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. 25914
Permit No.
Basin 6A-CLOVERS AREA

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER 25 Ranch & BLM ADDRESS Battle Mtn

2. LOCATION NE ¼ NE ¼ Sec. 4 T. 33 N/S R. 43 E. Lander County
PERMIT NO. 36048

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	5	
Rock		5	220	
Dry				

Date started ....., 19.....
Date completed ....., 19.....

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 220 feet
Casing record .....
Weight per foot ..... Thickness .....

Diameter	From	To
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet

Surface seal: Yes ☐ No ☐ Type Cement
Depth of seal 220 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation .....
Size perforation .....
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 Dry Feet below land surface .....
Flow ..... G.P.M. .....
Water temperature ..... ° F. Quality .....

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name H + M Drilling
Address 4072 N Estate Winnemucca
Nevada contractor's license number 020417
Nevada driller's license number 678
Signed Harold Hays
Date 12/5/84

USE ADDITIONAL SHEETS IF NECESSARY

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