

STATE OF NEVADA
DIVISION OF WATER RESOURCES
#25945
WELL DRILLERS REPORT

OFFICE USE ONLY
Log No. 25945
Permit No. [blank]
Basin 4-716003 V.

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 2623

1. OWNER Larry Grimm ADDRESS AT WELL LOCATION 8655 Nevada Road
MAILING ADDRESS PO Box 8
WILKINSON NEV

2. LOCATION S4 1/4 NW 1/4 Sec. 33 T. 34 N/S R37 E Pershing County M.D.B.M.
PERMIT NO. [blank] Issued by Water Resources Parcel No. [blank] Subdivision Name [blank]

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>Fill</u>		<u>0</u>	<u>300</u>	
	<input checked="" type="checkbox"/>	<u>50</u>	<u>300</u>	
<u>Depleted water NOT 62402</u>				
<u>N 40 D 80 225</u>				
<u>W 117 832125 A11727</u>				

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 300 feet
Casing record _____
Weight per foot _____ Thickness 188
Diameter From To
6 inches 0 feet 300 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type Cement
Depth of seal 30 ft feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 220 feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature WARM F. Quality Good

Date started 9-20 1984
Date completed 9-25 1984

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>12</u>	<u>10'</u>	<u>2 hrs</u>

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Almore Drilling Contractor
Address PO Box 139 Ballantyne, Nev. Contractor
Nevada contractor's license number 20692
Nevada contractor's drillers number _____
Nevada driller's license number 1357 Actual Driller
Signed William G. Allen Contractor
Date 9-25-84

BAILER TEST
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours