

OFFICE USE ONLY
 Log No. 26959
 Permit No. 1000
 Basin Clark

WELL DRILLERS REPORT

Please complete this form in its entirety

OWNER Red Pine Oil ADDRESS Red Pine Alley

LOCATION S. 14. N. 36. E. Sec. 36. T. 2. N. R. 15. E. Clark Co. County

PERMIT NO. _____

3. TYPE OF WORK			4. PROPOSED USE			5. TYPE WELL	
New Well	<input checked="" type="checkbox"/>	Recondition	<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Irrigation	<input checked="" type="checkbox"/>
Deepen	<input type="checkbox"/>	Other	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
						Test	<input type="checkbox"/>
						Stock	<input type="checkbox"/>
						Cable	<input type="checkbox"/>
						Rotary	<input checked="" type="checkbox"/>
						Other	<input type="checkbox"/>

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	8	8
Unconsolidated sand		8	10	2
Clay		10	10.5	0.5
Unconsolidated sand		10.5	14.4	3.9
Clay		14.4	15.9	1.5
Sand & silt		15.9	18.0	2.1
Reddish silt		18.0	19.5	1.5
Gravel		19.5	23.5	4.0
Clay		23.5	24.1	0.6
Clay		24.1	24.1	0

8. WELL CONSTRUCTION

Diameter holes 2 1/2 inches Total depth 24.1 feet

Casing record _____

Weight per foot _____ Thickness 3.50

Diameter	From	To
<u>1 1/2</u> inches	<u>0</u> feet	<u>2.40</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Permanent

Depth of seal _____ feet

Gravel packed: Yes No

Gravel packed from 5.0 feet to 2.40 feet

Perforations:

Type perc jet

Size perforation 1/4"

From 6.0 feet to 24.1 feet

From _____ feet to _____ feet

9. WATER LEVEL

Static water level 2.2 Feet below land surface 2.2

Flow _____ G.P.M.

Water temperature 62 Quality Good

10. DRILLER'S CERTIFICATION

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

Name DR. R. N. H. B.

Address _____

Telephone number _____

Nevada license number _____

Signed _____

Date _____

11. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>1500</u>	<u>1790</u>	<u>68'</u>	<u>4</u>
<u>1000</u>	<u>1980</u>	<u>710'</u>	<u>6</u>

12. BAILER TEST

G.P.M.	Draw down	feet	hours
G.P.M.	Draw down	feet	hours
G.P.M.	Draw down	feet	hours