WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 27375
Permit No.
Basin 4-59 Lower Reese River V.

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 5358

1. OWNER Eric Daniels
MAILING ADDRESS 2200 Est 1
Battle Mt Nev
ADDRESS AT WELL LOCATION

2. LOCATION SW ¼ NE ¼ Sec. 10 T. 31 N/S R. 45 E. Lander County
PERMIT NO. (Issued by Water Resources) Parcel No. 3 Subdivision Name Clark

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
Fill		0	15	
Sand	✓	15	40	
Clay		40	60	
Sandy Clay	✓	60	100	

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 100 feet
Casing record
Weight per foot Thickness 3/8

Diameter	From	To
6 inches	0 feet	100 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 50 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from feet to feet

Perforations:
Type perforation Torch
Size perforation 1/4 x 8"
From 80 feet to 100 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 10 feet below land surface
Flow G.P.M. P.S.I.
Water temperature Cold ° F. Quality Fair

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Alcorn Drilling (Contractor)
Address P.O. Box 439 Battle Mt Nev. (Contractor)
Nevada contractor's license number 20692
Nevada contractor's drillers number
Nevada driller's license number 1357 (Actual Driller)
Signed W. A. Allen (Contractor)
Date 1-10-86

Date started 12-20, 1985
Date completed 12-25, 1985

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 20 Draw down 20 feet 2½ hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 6-81) O-627 CR434