DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

96927
OFFICE USE ONLY
Log No. ~~11300~~
Permit No. —
Basin ~~Dry Lake~~ ~~EMED~~

1. OWNER Ken Terry ADDRESS P.O. Box 322 Elko, Nevada 89801

2. LOCATION SW ¼ SW ¼ Sec. 10 T. 35 N/S R. 56 E. Elko County
PERMIT NO. (Osino Subdivision)

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
Sand & Gravel		0	12	12
Gravel & Red Clay		12	40	28
Caving Gravel	x	40	42	2
Hard Pan		42	51	9
Sand & Gravel	x	51	54	3
Soft Brown Clay		54	112	58
Sand	x	112	116	4
Soft Brown Clay		116	120	4

Date started 12-15, 19 70
Date completed 12-31, 19

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 20 Draw down 20 feet 35 mins hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION 0-55' - 12" 55-120' - 6 inches Total depth 120 feet
Diameter hole inches
Casing record
Weight per foot Thickness

Diameter	From	To
6 inches	0 feet	120 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type
Depth of seal feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet
Customer to cement first 50' when weather permits.
Perforations:
Type perforation Factory Cut
Size perforation 18 x 3
From 100 feet to 120 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 30 Feet below land surface
Flow G.P.M.
Water temperature Cold ° 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 D.M. Gullard Drilling Co.
Address P.O. Box 41 - Elko, Nev
Nevada contractor's license number 4796
Nevada driller's license number 115
Signed D.M. Gullard
Date 1-10-71

USE ADDITIONAL SHEETS IF NECESSARY

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