

H. No 2

WELL DRILLERS REPORT

Please complete this form in its entirety

Log No. 12850
Permit No. 26721
Basin: Kibek Val

1. OWNER Adeline Herbert ADDRESS P.O. Box 6356 San Antonio
ADIRAX CENTRAL SE 1/4 16 Box 75209
2. LOCATION S 1/2 1/4 Sec. 15 T. 19 N/S R. 47 E 21 D 111 County

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
0-6 Top Soil				
6-40 CLAY				
40-80 SAND CLAY				
80-160 SAND				
160-247 SAND GRAVEL				

8. WELL CONSTRUCTION
Diameter hole.....inches Total depth.....feet
Casing record.....
Weight per foot 42 Thickness 1/4
Diameter From To
1 1/2 inches 0 feet 247 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
Perforations:
Type perforation TORCH CUT
Size perforation 3/8
From 182 feet to 247 feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet

9. WATER LEVEL
Static water level 90 Feet below land surface
Flow.....G.P.M.
Water temperature.....° F. Quality.....

Date started 10.20., 1972
Date completed....., 19.....

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name P. T. Paris
Address Box 273 Otton Texas
Nevada contractor's license number.....
Nevada driller's license number 536
Signed P. T. Paris
Date 10.25.72

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