

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Charlie Gomes ADDRESS 4109 Bass Rd. Fallon.

2. LOCATION N.W. 1/4 Sec. 22 T. 18 N. R. 28 E. Churchill County  
 PERMIT NO.

3. TYPE OF WORK  
 New Well  Recondition   
 Deepen  Other   
 4. PROPOSED USE  
 Domestic  Irrigation  Test   
 Municipal  Industrial  Stock   
 5. TYPE WELL  
 Cable  Rotary   
 Other  air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Surface Sand		0	12	12
Clay		12	16	4
Very fine sand		16	22	6
black sand		22	28	6
course black sand		28	38	10
gray clay		38	43	5
course sand		43	50	7
clay		50	52	2
course sand		52	65	13

8. WELL CONSTRUCTION  
 Diameter hole 6 inches Total depth 65 feet  
 Casing record 0-65 x 6 3/8 O.D  
 Weight per foot 8.68 Thickness 125  

Diameter	From	To
<u>6</u> inches	<u>0</u> feet	<u>65</u> 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 12 feet  
 Gravel packed: Yes  No   
 Gravel packed from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Perforations:  
 Type perforation machine slit  
 Size perforation 3/32 x 2 1/2  
 From 55 feet to 65 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 57 Feet below land surface 8  
 Flow \_\_\_\_\_ G.P.M.  
 Water temperature \_\_\_\_\_ ° F. Quality \_\_\_\_\_

Date started Aug 7, 1977  
 Date completed Aug 8, 1977

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>Air blax</u>	<u>40</u>	<u>@ 60 ft</u>	

10. DRILLERS CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name N.W. Biffle-Welso Drllng  
 Address Box 288  
 Nevada contractor's license number 11752  
 Nevada driller's license number 772  
 Signed WCB Biffle  
 Date Aug 7-77

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