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

in Book

OFFICE USE ONLY
Log No. 54795
Permit No.
Basin 215

1. OWNER FARGO PACIFIC ADDRESS P.O. BOX 43089 LAS VEGAS NEV. 89104

2. LOCATION ¼ SW ¼ Sec. 8 T. 20 ~~N/S~~ R. 64 E. CLARK 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	Thickness
LOOSE GRAVEL		0	121	121
BR. CLAY WITH STREAKS		121		
OF SAND + GRAVEL			620	499
SAND + GRAVEL	✓	620	938	618
RED CLAY		938	945	7
HARD WHITE LIME		945	950	10

RECEIVED
SEP 26 1980
Div. of Water Resources
Branch Office—Las Vegas, Nev.

Date started 4-26, 1980
Date completed 5-10, 1980

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 28 Draw down 760 feet 24 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 12 inches Total depth feet
Casing record 8 5/8
Weight per foot 12.30 Thickness 10 GA.

Diameter	From	To
8 5/8 inches	0 feet	920 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 4 x 4 AROUND
From 320 feet to 920 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 137 Feet below land surface
Flow G.P.M.
Water temperature ° F. Quality

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

Name ALLEN WATER WELL SERVICE
Address BOX 15149 LAS VEGAS NEV. 89114
Nevada contractor's license number 5095
Nevada driller's license number 40
Signed
Date 6-15-80

USE ADDITIONAL SHEETS IF NECESSARY

O-627