

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 104974
Permit No. _____
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

1. OWNER USA Nellis AFB
MAILING ADDRESS Washington DC 20023-0000

NOTICE OF INTENT NO. 61777
ADDRESS AT WELL LOCATION Site LF-01
Nellis AFB Nevada
Subdivision Name: _____
County: Clark

2. LOCATION NE 1/4 SE 1/4 Sec 16 T 20 N R 12 E
PERMIT/WAIVER No. 150-16-701-001
Issued by Water Resources Parcel No. _____

Latitude _____ UTM E 815,193 NAD 27
Longitude _____ N 26,778,160 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Abandonment

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Rotary Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Tremie Grout from</u>				
<u>120' to 0' Pull</u>				
<u>Manament Vault - 3'</u>				
<u>below grade. PVC - 2'</u>				
<u>below grade.</u>				
<u>32 Gallons of Portland.</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet	
HOLE DIAMETER (BIT SIZE)				
	From	To		
	Inches	Feet	Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
Perforations:				
Type of perforation	_____			
Size of perforation	_____			
From	feet to	feet	feet	feet
From	feet to	feet	feet	feet
From	feet to	feet	feet	feet
From	feet to	feet	feet	feet
From	feet to	feet	feet	feet
Annular Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>120'</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Gravel Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Type:	_____			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Type:	_____			

Date started: 2-6 20 08
Date completed: 2-6 20 08

7. Water Level
Static water level: 42' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.			
Time (Hours)			
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> DOWN RECEIVED MAR 12 2008 LAS VEGAS OFFICE </div>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name: Boart Longyear Co
Address: 7773 W Seldon Ln
Peoria Ar. 85345
Nevada contractor's license number: _____
issued by the State Contractor's Board: 0010157
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: M-2147
Signed: _____
Date: 3-8-08