

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

OFFICE USE ONLY
Log No. 104978
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

Nellis AFB

NOTICE OF INTENT NO. 61781

1. OWNER USA Solar Star NAFB LLC lease ADDRESS AT WELL LOCATION Site LF-02
MAILING ADDRESS 300 S 4th St #1700 Nellis AFB Nevada
Las Vegas, NV 89101-1000 Subdivision Name: _____ County: Clark

2. LOCATION SE 1/4 SW 1/4 Sec 28 T 19 N R 62 E Latitude _____ UTM E 812,627 NAD 27
PERMIT/WAIVER No. 123-28-401-017 Longitude _____ N 26,797,503 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Abandonment

4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Rob Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Trematic Grout 145'</u>				
<u>0' Pull Monument</u>				
<u>Vault - 3' below</u>				
<u>Ground - Pull PVC 2'</u>				
<u>below Ground</u>				
<u>170 Gallons of Portland</u>				

9. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	To	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
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Annular Seal: Yes 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>145</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: Yes No _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 2-7 20 08
Date completed: 2-7 20 08

7. Water Level
Static water level: 119' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____

DOWNHOLE RECEIVED
MAR 12 2008

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
Contractor

Address 7773 W Seldon Ln
Contractor
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 17-2147

Signed Sh...
By driller performing actual drilling on site or contractor

Date 3-8-08

(Rev. 05-06) **LAS VEGAS OFFICE**

USE ADDITIONAL SHEETS IF NECESSARY