

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

OFFICE USE ONLY
Log No. 104982
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 Nellis AFB ADDRESS AT WELL LOCATION Site LF-02
MAILING ADDRESS 300 S 4th St #1706 Nellis AFB Nevada
Las Vegas, NV 89101-6000 Subdivision Name: _____ County: Clark

2. LOCATION NW 1/4 NE 1/4 Sec 33 T 19 N R 62 E Latitude UTM E 813,324 NAD 27
PERMIT/WAIVER No. 123-33-501-003 Longitude N 26,996,688 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other Abandonment

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

5. WELL TYPE Cable Rotary RVC Air Other Robt Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Tremmie Grout - 145'</u>				
<u>to 0' Pull Monument</u>				
<u>Vault 3' below ground,</u>				
<u>POC 2' below ground.</u>				
<u>45 Gallons of Portland.</u>				

9. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annular Seal: Yes No

_____	to	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Neat Cement	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Cement Grout	_____	<u>0 to 145</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 230% Bentonite Grout	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Gravel Pack: Yes No _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 2-8-08 20 08
Date completed: 2-8 20 08

7. Water Level

Static water level: 118' feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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 Az 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: [Signature]
By driller performing actual drilling on site or contractor

Date: 3-8-08

LAS VEGAS OFFICE USE ADDITIONAL SHEETS IF NECESSARY