

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

OFFICE USE ONLY
Log No. 104988
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
MAILING ADDRESS Washington DC 20240-0600

NOTICE OF INTENT NO. 39882
ADDRESS AT WELL LOCATION Site ST-45, JW-01

2. LOCATION NE 1/4 SW 1/4 Sec 04 T 20 N R 62 E
PERMIT/WAIVER No. Administrative Order 14004701001
Issued by Water Resources Consent Parcel No. _____
Subdivision Name _____ County Clark
Latitude _____ UTM E 813 609 NAD 27
Longitude _____ N 26 788 359 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other _____
4. Injection
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
5. WELL TYPE
 Cable Rotary RVC
 Air Other Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Subgrade		0	9.0	9.0
Silty Clay		9	17	8
Clay		17	17.5	0.5
Silty Clay		17.5	22.5	5
Clay		22.5	25	2.5
Silty Clay		25	43	18
Clay		43	66	23
Sandy Clay		66	68	2
Clayey Sand		68	70	2
Clay		70	80	10

9. WELL CONSTRUCTION
Depth Drilled 81 Feet Depth Cased 80 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
8 inches 0 feet 8.1 feet
inches _____ feet _____ feet
inches _____ feet _____ feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
4.5 2.00 .474 0 49.5
Perforations:
Type of perforation Continuous wire-wrap slot
Size of perforation .020
From 49.5 feet to 79.5 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement 0 to 11 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 230% Bentonite Grout 11 to 44 Pumped Poured
Gravel Pack: Yes No 47.5 to 81 Pumped Poured
Type: 10-20 silica sand
Bentonite Chips: Yes No 44 to 47.5 Pumped Poured
Type: 3-8 Chips

Date started: 1-10 20 08
Date completed: 1-11 20 08

7. Water Level
Static water level: 40 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 0010157
issued by the State Contractor's Board
Nevada driller's license number issued by the M-2147
Division of Water Resources, the on-site driller
Signed Shu Li
By driller performing actual drilling on site or contractor
Date 2-1-08