

Log No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_  
 Basin **110B**

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

**WELL DRILLER'S REPORT**

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

NOTICE OF INTENT NO. **57926**

1. OWNER **Hawthorn Army Depot** ADDRESS AT WELL LOCATION **41-MD-20**  
 MAILING ADDRESS **1 S. Main St Hawthorn NV 89415**

2. LOCATION **SW 1/4 SW 1/4 Sec 32 T 9 N/S R 30 E Mineral** County  
 PERMIT NO. **N1398862100** Parcel No. **4263761900** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

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

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other **Hydr**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<b>Cement grout</b>		<b>0</b>	<b>15</b>	<b>15</b>
<b>Filter pack</b>		<b>15</b>	<b>35</b>	<b>20</b>
<b>N 38.592630</b>				
<b>W 119.665990 NAD27</b>				

8. WELL CONSTRUCTION  
 Depth Drilled **35** Feet Depth Cased **35** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **35** Feet  
 From **0** Feet To **35** Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>3</b>	<b>SCED</b>	<b>40</b>	<b>0</b>	<b>35</b>

Perforations:  
 Type perforation **mill**  
 Size perforation **.010**  
 From **15** feet to **25** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **35**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level **Dry** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

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

Name **WDC** Contractor  
 Address **P.O. Box 141** Contractor  
**Zamora CA 95698**  
 Nevada contractor's license number issued by the State Contractor's Board **12852**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2111**  
 Signed **Jim Whitley**  
 By driller performing actual drilling on site or contractor  
 Date **7-14-08**

Date started **3/12**, 20**07**  
 Date completed **3/12**, 20**07**

7. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<b>01:21:11</b>	<b>3-11-08</b>

RECEIVED  
 2008 JUN 20 AM 11:36  
 STATE ENGINEERS OFFICE