

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

OFFICE USE ONLY
Log No. **108183**
Permit No. _____
Basin _____

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 BASIC Remediation Co ADDRESS AT WELL LOCATION 3300' NE of Pabco #
MAILING ADDRESS 875 Warm Springs Rd Henderson NV 89015 Subdivision Name: Warm Springs Rd
County: Clark NOTICE OF INTENT NO. 60939

2. LOCATION SE 1/4 SW 1/4 Sec 6 T 22 N R 63 E Latitude UTM E 833902.16 NAD 27
PERMIT/WAIVER No. 179-06-301-004 Longitude N 2672566.17 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy Gravel		0	32	32
Clayey Gravel	X	32	188	156
Clay with Interbedded Sand	X	188	297	99
Clay		297	352	55
Sand	X	352	353	1
Clay		353	371	18
Sand	X	371	372	1
Clay		372	377.5	5.5

9. WELL CONSTRUCTION

Depth Drilled 377.5 Feet Depth Cased 375 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
9	0	140
8	140	377.5

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.86	.337	+3	355'

Perforations:

Type of perforation Factory Slot
Size of perforation .010

From 355' feet to 375 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 2 Pumped Poured
 ≥30% Bentonite Grout 2 to 377.5 Pumped Poured

Gravel Pack: Yes No 351.5 to 377.5 Pumped Poured
Type: 2-16 Sand

Bentonite Chips: Yes No 377.5 to 351.5 Pumped Poured
Type: 3/4 Chips

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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <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 Contractor
Address 12225 B W Peoria Ave Contractor
El Mirage, Az 85335
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 6-18-08