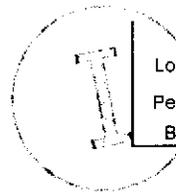


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY 108365

Log No. _____

Permit No. _____

Basin 110B

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

NOTICE OF INTENT NO. 61634

1. OWNER Hawthorne Army Depot
MAILING ADDRESS 15 Maine St
Hawthorne, NV 89415

ADDRESS AT WELL LOCATION _____

Subdivision Name: _____ County: Mineral

2. LOCATION NE 1/4 SE 1/4 Sec 32 T 09N N/S R 30 E
PERMIT/WAIVER No. #15

Latitude UTM E 38,597 02 NAD 27 DD
Longitude N 118,655 46 NAD 83/WGS 84

Issued by Water Resources

Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Abandon

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
30% Solids Grout		0	23.22	23
14.2 Gallons of water per bag				
2.2 CF yield				
Cutt off 5' bgs concrete cap				
<u>NAD 27 - DD</u>				
<u>38.597, 099° N</u>				
<u>118.654, 491° W</u>				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	23.22	Feet
HOLE DIAMETER (BIT SIZE)				
From		To		
Inches	Feet	Feet	Feet	Feet
Inches	Feet	Feet	Feet	Feet
Inches	Feet	Feet	Feet	Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		Sch 40 PVC	0	23.22

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout 0 to 23.22 Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured
Type: _____

Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 16-Mar, 20 09
Date completed: 3/16/2009, 20 09

7. Water Level
Static water level: Dry feet below land surface
Artesian Flow: NA G.P.M. P.S.I.
Water Temperature: NA °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 WDC Exploration & Wells
Contractor

Address PO 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 Joni Whitley
By driller performing actual drilling on site of contractor

Date 3/17/2009

RECEIVED
JUL 09 2009
STATE ENGINEER'S OFFICE