

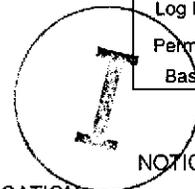
STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 108369

Permit No. _____

Basin 1108



NOTICE OF INTENT NO. 61638

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 Hawthorne Army Depot ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 15 Maine St _____
NE Hawthorne, NV 89415 Subdivision Name: _____ County: Mineral

2. LOCATION SW 1/4 SE 1/4 Sec 17 T 08N N/S R 30 E Latitude _____ UTM E 38,597 71 NAD 27 DO
PERMIT/WAIVER No. 32 9N Longitude _____ N 118,654 08 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 Monitor Municipal/Industrial Other
5. WELL TYPE Cable Rotary RVC Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
30% Solids Grout		0	124.95	125
14.2 Gallons of water per bag				
2.2 CF yield				
Cut off 5' bgs concrete cap				
<u>NAD 27 - DD</u>				
<u>38.597, 789°N</u>				
<u>118.653, 111°W</u>				

9. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased 124.95 Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>Sch 40 PVC</u>	<u>0</u>	<u>124.95</u>

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 125 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: 122.64 feet below land surface
Artesian Flow: NA G.P.M. _____ P.S.I. _____
Water Temperature: NA °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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

Date 3/17/2009

RECEIVED
JUL 09 2009
STATE ENGINEER'S OFFICE