

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

OFFICE USE ONLY
Log No. 108493
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

NOTICE OF INTENT NO. 60946

1. OWNER Pioneer Americas LLC ADDRESS AT WELL LOCATION 350 FOURTH ST.
MAILING ADDRESS 190 Coronado #1500 St Louis, MO 63105-3467 LV, NV
Subdivision Name: _____ County: CLARK

2. LOCATION NW 1/4 NW 1/4 Sec 13 T 22 N R 62 E Latitude 36 02 21" UTM E NAD 27
PERMIT/WAIVER No. 17813101007 Longitude 115 00 41" N 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 Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Roto Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silty Sand		0	30	30
Sand with Gravels		30	42	12
Silty Clay		42	93	51
Silty Sand		93	127	34
Silty Clay		127	153	26
Gravelly Sand		153	162	9
Silty Clay		162	169	7
Sandy Silt		169	173	4
Clayey Silty		173	229	56
Silty Sand		229	243	14
Sandy Silt		243	260	17
Silty Clay		260	265	5

9. WELL CONSTRUCTION
Depth Drilled 265 Feet Depth Cased 265 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
10	0	175	175
8	175	265	265

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	10.8	.237	0	242
4.5	2.86	.337	262	265

Perforations: Factory Slot

Type of perforation _____
Size of perforation .010

From 242 feet to 262 feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>234</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 239 to 263
Type: 237 239 Pumped Poured

Bentonite Chips: Yes No 263 to 265 Pumped Poured
Type: 1/4 Pellets 234 237

Date started: 5-17 20 09
Date completed: 6-15 20 09

7. Water Level
Static water level: 10 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			

DCNR/DWR RECEIVED

JUL 13 2009

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 7773 W Seldon Ln Peoria Ar. 85345 Contractor
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 7-8-09