

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

OFFICE USE ONLY

Log No. 109366
 Permit No. _____
 Basin 209

PRINT OR TYPE ONLY

Please complete this report in accordance with Nevada Administrative Code 645.010-645.015.

NOTICE OF INTENT NO. 64532

1. OWNER Alamo Sewer & Water Imp. Dist. AIP-1 ADDRESS AT WELL LOCATION Industrial Park, Alamo, NV
 MAILING ADDRESS P.O. Box 321
Alamo, NV 89001 Subdivision Name: _____ County: Lincoln

2. LOCATION NW 1/4 NW 1/4 Sec 9 T7 S R61E Latitude 37.954420° N UTM E 663761 NAD 27
 PERMIT/WAIVER NO. 65679 Longitude (15.151007° W) NAD 27 (CA) 4135590 NAD 83/WGS 84
 Issued by Water Resources Parcel No. _____

3. WORK PERFORMED New Well Replace Recondition Deepen Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	From	To	Thick-ness
Original Well Design on Log # 76565			
Test Hole			
Lippilli Tuff	780'	1080'	300'
Course Ash Tuff	1080'	1170'	90'
Welded Tuff	1170'	1275'	105'
XTL Tuff	1275'	1700'	425'
Abandonment Detail:			
Neat Cement	780'	835'	55'
Hole Plug	835'	1010'	175'
Abantonite	1010'	1700'	690'
Existing well brushed & re-developed after drilling test hole.			

9. Depth Drilled 1700 Feet Depth Cased 0 Feet

From 6.250 Inches To 780 Feet 1700 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Type of perforation NA
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 780 to 835 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 1010 to 1700 Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No 835 to 1010 Pumped Poured
 Type: 3/8 Hole Plug

Date started: 09-Oct, 20 09
 Date completed: 23-Oct, 20 09

7. Water Level
 Static water level: 115 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: Good

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Boart Longyear Drilling Services (CONTRACTOR)
 Address P.O. Box 5279 (CONTRACTOR)
Eiko, NV 89802
 Nevada contractor's license number issued by the State Contractor's Board 0021976 0073086
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2908 1410
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 25-Nov-09