

M-137

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

OFFICE USE ONLY
Log No. 109483
Permit No. 212
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

1. OWNER Trinox LLC ADDRESS AT WELL LOCATION North of Lake Mead Pkwy
MAILING ADDRESS PO Box 268859 8 East of 4th Street
Oklahoma City, OK 73126-8859 Subdivision Name: _____ County: CLARK
2. LOCATION SE 1/4 NW 1/4 Sec 13 T 22 N R 62 E Latitude 36 02.292 UTM E NAD 27
PERMIT/WAIVER No. 178 13 601 001 Longitude 115 00.116 N NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other
4. PROPOSED USE Domestic Irrigation Test Stock
 Municipal/Industrial Monitor
5. WELL TYPE Cable Rotary RVC
 Air Other SCAIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Silty Sand</u>		<u>0</u>	<u>12</u>	<u>12</u>
<u>Sandy Silt</u>		<u>12</u>	<u>46</u>	<u>34</u>
<u>Sandy Silt with gravels</u>		<u>46</u>	<u>62</u>	<u>16</u>
<u>Silty Sand</u>		<u>62</u>	<u>72</u>	<u>10</u>
<u>Clayey Silt</u>		<u>72</u>	<u>75</u>	<u>3</u>

9. WELL CONSTRUCTION
Depth Drilled 75 Feet Depth Cased 72 Feet
HOLE DIAMETER (BIT SIZE)
6 Inches From 0 Feet To 75 Feet
Inches From _____ Feet _____ Feet
Inches From _____ Feet _____ Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2.375 .69 .154 +3 52

Perforations:
Type of perforation Factory Slot
Size of perforation 1026
From 52 feet to 72 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 3 Pumped Poured
 ≥30% Bentonite Grout 3 to 38 Pumped Poured
Gravel Pack: Yes No 42 to 75 Pumped Poured
Type: 10-20
Bentonite Chips: Yes No 38 to 42 Pumped Poured
Type: 3/8 Chips

7. Water Level
Static water level: 50 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 Bart Longyear Company Contractor
Address 7773 W Seldon Ln Contractor
Peoria, Az 85345
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 Shun Li
By driller performing actual drilling on-site or contractor
Date 9-2-09