

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

60459
 NOTICE OF INTENT 60760

1. OWNER Hawthorne Army Depot (Kevin Shaw) ADDRESS AT WELL LOCATION Hwy 91
 MAILING ADDRESS 25 Main Bldg 5 Hawthorne Army Depot
 Hawthorne NV 89415
 2. LOCATION NW 1/4 NW 1/4 Sec 14 T 8 S R 30 E Mineral County
 PERMIT NO. M/D-1475/9-00031 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other sump

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	12	12
Sand		12	46	34
SILT sand		46	87	41
38.570595°N 118.637531°W MAD 27 (M)				
Abandon w/ Cement Grout 87 20 67				
Abandon w/ Neat Cement 87 0 87				
GPS works: N 38° 34' 13.84" W 118° 38' 18.57" datum: WGS 84				

8. WELL CONSTRUCTION
 Depth Drilled 87 Feet Depth Cased 0 Feet
 HOLE DIAMETER (BIT SIZE)
 6" Inches From 0 Feet To 87 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level Day _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 Contractor
 Address: 12464 McCann Dr. Contractor
 SANTA Fe Springs Ca 90670

Nevada contractor's license number 0021974
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2198
 Signed: [Signature] By driller performing actual drilling on site or contractor
 Date: 2/11/08

7. 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			
			21:11:00