

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

OFFICE USE ONLY
Log No. 124794
Permit No. _____
Basin No. _____

PRINT OR TYPE IN BLACK INK 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. 36780
WELL NAME (if applicable): 3

1. OWNER/CLIENT NAME U.S. AIR force
MAILING ADDRESS 5960 S. 3rd BLVD
NELLIS AFB

DETAILED ADDRESS AT WELL LOCATION Tyndall & McGough
Plaza, NELLIS AFB
Subdivision Name: _____ County: Clark

2. PLS LOCATION NE 1/4 140 1/2 3 Sec. 20 Twp. 62 E
PERMIT/WAIVER NO. M0-347 1140-03-501-001
Issued by Water Resources Current Parcel No.

Latitude 36.2447546 UTM E NAD 27
Longitude -115.0376610 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

| Material Encountered | Lost Circ. | Water Strata | From | To |
|----------------------------------|------------|--------------|----------|------------|
| <u>Brn, silty, sandy, clayey</u> | | | <u>0</u> | <u>80'</u> |

9. INSTRUCTION

Depth Drilled: 80' Feet Depth Cased: 80' Feet

HOLE DIAMETER (BIT SIZE)

| From | To |
|-----------------|-----------------|
| <u>0</u> Inches | <u>80'</u> Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>2"</u> | <u>3640</u> | <u>2"</u> | <u>0</u> | <u>80'</u> |

ANNULAR MATERIALS

Sanitary Seal Yes No

| | | | |
|--|--------------------------|---------------------------------|--|
| <input type="checkbox"/> Neat Cement | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Cement Grout | <u>0</u> to <u>45'</u> | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Bentonite Chips | <u>45'</u> to <u>48'</u> | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Gravel Pack [> 0.2 in.] | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Sand Pack [< 0.2 in.] | <u>48'</u> to <u>80'</u> | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Other, explain: | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |

PERFORATIONS:

Type of perforation: Scattered

Size of perforation: 0.20

From 50' Feet To 80' Feet

Date started: 12-10, 2015

Date completed: 12-10, 2015

7. WATER QUALITIES
Static water level: _____ Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name Cascade Drilling
Address P.O. 1184 Woodinville WA 98072

8. WELL TEST DATA

| Test Method: | Bailer | Pump | Air Lift |
|-------------------------------|--------|-------|----------|
| G.P.M. | _____ | _____ | _____ |
| Draw Down (Feet Below Static) | _____ | _____ | _____ |
| Recorded Time (Hours) | _____ | _____ | _____ |

Nevada contractor's license number as issued by the State Contractor's Board: 0073966
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): M1935

Signed: _____
Date: 12-28-15

36.2447839
-115.0368264