

"Q"

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

Log No. **72628**
Permit No. _____
Basin **212**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **16582**

1. OWNER **American Pacific Corp.** ADDRESS AT WELL LOCATION **Street Right**
MAILING ADDRESS **3270 Howard Hughes Pkwy # 306 LV NV 89109** **OR Way**
2. LOCATION **NW 1/4 NW 1/4 Sec 1 T 22 N/S R 62 E** County _____
PERMIT NO. **178-01-199-010** Parcel No. _____ Subdivision Name **MW-Q**

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SAND w/silt + gravel		0	2	
GRAVEL w/sand		2	4	
CON 5% dry sand		4	8	
FIN CON 5%		8	16	
BRN clayey		16	18	
BRN sandy clay		19	27	
dry silt nodules + gravel dry h. clay		27	32	
		36		
Reddish brown sand clay			40	
Reddish brown sandy lean clay		40	47	

8. WELL CONSTRUCTION
Depth Drilled **47** Feet Depth Cased **47** Feet
HOLE DIAMETER (BIT SIZE)
From **8** Inches To **0** Feet **47** Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		SCH. 40		

Perforations:
Type perforation **MACH. & slotted**
Size perforation **1020**
From **27** feet to **47** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal **0-25** Cement Grout
Placement Method: Pumped Poured Concrete Grout
Gravel Packed: Yes No
From **25** feet to **47** feet

9. WATER LEVEL
Static water level **36** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started _____, 19____
Date completed _____, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	1.5	Total	1.0

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **G.E.S. inc** Contractor
Address **7560 W. Sahara** Contractor
Nevada contractor's license number issued by the State Contractor's Board: **Engineer**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **2044**
Signed **[Signature]**
by driller performing actual drilling on site or contractor
Date **2-17-98**