

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

Permit No. **72633**
 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

NOTICE OF INTENT NO. **16583**

1. OWNER American Pacific Corp ADDRESS AT WELL LOCATION street right of way
 MAILING ADDRESS 3770 Howard Hughes Pkwy
306 LV NV 89107
 2. LOCATION NE 1/4 NE 1/4 Sec 2 T. 22 N/S R. 02 E. County _____
 PERMIT NO. 161-35-899-004 Parcel No. _____ Subdivision Name _____

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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT		0	6"	
GRAVEL w/silt & SAND		6"	5'	
GRAVEL silt & SAND			12'	
COBBLE				
SAND w/silt & gravel			18'	1'
CLAY			19'	
DR. med sand w/ gravel		19'	27'	
GRAND		27'	30'	
Co. clay med. sand		27'	30'	
WATER & exc.	29.5	30		
SANDY CLAY		30		
DR. med. clay w/sand		32.5	37'	
RED med. clay w/sand		37'	40'	
SAND				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 0-40' Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		0.20	0	40
		SCH 40		

Perforations:
 Type perforation MACHINE SLOTTED
 Size perforation 1.020
 From 40 feet to 20 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 19-18'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 175 feet to 40 feet

9. WATER LEVEL
 Static water level 29.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 22/dec 1997
 Date completed _____ 19_____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
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 GES Contractor
 Address 2560 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