

OFFICE USE ONLY
 Log No. 75309
 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. 17429

1. OWNER WELLIS AFB 99 ABW/EMC ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4349 DUFFER DR Perpulsion
WELLIS AFB, NEV 89191-7007 S.A.O.
 2. LOCATION NE 1/4 NE 1/4 Sec 3 T 20 N 62 E CLARK County
 PERMIT NO. 14003501001
 Issued by Water Resources 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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------|--------------|------|-----|------------|
| ASPHALT | | 0 | 6" | 0.5' |
| SUBGRADES | | 6" | 12" | 0.5' |
| Clay Silt | | 12" | 32' | 31 |
| Silty Clay Sand | | 32 | 61 | 29 |
| Caliche | | 61 | 64 | 3 |
| Sandy Silty Clay | | 64 | 80 | 16 |

8. WELL CONSTRUCTION
 Depth Drilled 0 Feet Depth Cased 80 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet 80 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>4 1/4</u> | | <u>1/8</u> | <u>0</u> | <u>80</u> |

Perforations:
 Type perforation FACTORY SLOTTED
 Size perforation 0.20
 From 10 feet to 80 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 6 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 8 feet to 80 feet

9. WATER LEVEL
 Static water level 6.3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started Sept 30, 1998
 Date completed Sept 30, 1998

7. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|--|--------|-------------------------------|--------------|
| | | | | |
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10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Compliance Drilling Contractor
 Address P.O. Box 94136 Contractor
Las Vegas, Nev. 89193
 Nevada contractor's license number issued by the State Contractor's Board 3582
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2057
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date Oct 5, 1998