

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

OFFICE USE ONLY
 Log No. **82959**
 Permit No. _____
 Basin **Q12**

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. **42631**
 ADDRESS AT WELL LOCATION: **4910 Wurtsmith Ave, Nellis AFB Bldg 858**

1. OWNER **Nellis AFB**
 MAILING ADDRESS: **4349 Differ Drive Ste. 1601 Nellis AFB, NV 89191-7007**
 2. LOCATION: **NW 1/4 NE 1/4 Sec. 3 T. 20 South N. R. 62 E.** County _____
 PERMIT NO. **NA** Issued by Water Resources
 Parcel No. **123-7-401-200** Tract No. **B-132** 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 **Snake**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clayey Alluvial Whitish, Grey		0	76'	76'
Silty, Sandy, clay Brown		76'	140	64'
Sand pack		140'-128'		
Beet chip seal		128'-95'		
Sand Pack		95'-65'		
Beet Chip Seal		65'-58'		

Nested completion

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **8.5** Inches To **0** Feet **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	.7	1.57	0	130
2.375	.7	1.57	0	65

Perforations:
 Type perforation **Factory**
 Size perforation **.020**
 From **130** feet to **140** feet
 From **65** feet to **95** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **58** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **128, 63** feet to **140, 95** feet

9. WATER LEVEL
 Static water level **76'** feet below land surface
 Artesian flow _____ G.P.M. _____ S.I.
 Water temperature **Coal** °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 **Shawn Cain** (Boat Longyear)
 Address **7773 W Seldon Ln Peoria Az. 85345**
 Nevada contractor's license number issued by the State Contractor's Board **0010157**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2147**
 Signed **Shawn Cain**
 By driller performing actual drilling on site or contractor
 Date **1-20-01**

Date started **1-16-01**, 19_____
 Date completed **1-19-01**, 19_____

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Not Pumped		

