

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

OFFICE USE ONLY
 Log No. 84318
 Permit No. _____
 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. 21241

1. OWNER US Air Force ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4349 A. F. Lane Drive _____
Suite 1601 Nellis AFB Nev. 89191 _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 3 T. 20 N/S R. 62 E. Clark County _____
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. 140-03-501-001 Subdivision Name _____

3. WORK PERFORMED 12 Wells 4. PROPOSED USE _____ 5. WELL TYPE _____
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Drilled other 12</u>				
<u>2" Wells</u>				
<u>Pulled well</u>				
<u>Casing Run Transite</u>				
<u>pipe To Bottom of</u>				
<u>hole pumped</u>				
<u>Neat Cement</u>				
<u>to surface with</u>				
<u>Grout pump</u>				
<u>12 wells complete</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:

Type perforation _____
 Size perforation _____

From	feet to	feet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No Seal Type: _____
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 3-19 2001
 Date completed 3-24 2001

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 Hayne Christensen Co. Contractor
 Address 12030 E Riggs Rd Chandler Contractor
Az. 85249

Nevada contractor's license number issued by the State Contractor's Board 0019101
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2021

Signed Michael D. Wells
 By driller performing actual drilling on site or contractor
 Date 3-24-2001