

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

OFFICE USE ONLY
Log No. **108182**
Permit No. _____
Basin _____

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. **60938**

1. OWNER **BASIC Remediation Co**
MAILING ADDRESS **875 Warm Springs Rd
Henderson NV 89015**

ADDRESS AT WELL LOCATION **50' NE of Pablo &
Tabony Rd.**
Subdivision Name: _____
County: **Clark**

2. LOCATION **NW 1/4 SW 7 T 22 N R 63 E**
PERMIT/WAIVER No. **178-01-599-002**
Issued by Water Resources Parcel No. _____

Latitude **UTM E 830402.97** NAD 27
Longitude **N 2672667.26** NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Sonic**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy Gravel		0	21	21
Clayey Gravel	X	21	187	166
Clay with interbedded Sand	X	187	297	100
Clay		297	359	62
Sand	X	359	360	1
Clay		360	378	18
Sand	X	378	379	1
Clay		379	382	3

9. WELL CONSTRUCTION

Depth Drilled **382** Feet Depth Cased **382** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
9 inches	0	140
8 inches	140	382

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.86	.387	+ 3	362

Perforations:
Type of perforation **Factory Slot**
Size of perforation **.010**

From **362** feet to **382** feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout **0** to **2** Pumped Poured
 ≥30% Bentonite Grout **2** to **355** Pumped Poured

Gravel Pack: Yes No **359** to **382** Pumped Poured
Type: **2-16 Sand**

Bentonite Chips: Yes No **355** to **359** Pumped Poured
Type: **3/8 Chips**

Date started: **5-16** 20 **08**
Date completed: **5-31** 20 **08**

7. Water Level
Static water level: **24** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Boart Longyear Co**
Address **12225 B W Peoria Ave
El Mirage, Az 85335**
Nevada contractor's license number **0010157**
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2147**

Signed **[Signature]**
By driller performing actual drilling on site or contractor
Date **6-18-08**

USE ADDITIONAL SHEETS IF NECESSARY

CLAYTONS OFFICE