

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

OFFICE USE ONLY
Log No. **108184**
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. **60940**

1. OWNER **BASIC Remediation Co**
MAILING ADDRESS **875 Warm Springs Rd.
Henderson, NV 89015**
2. LOCATION **NW 1/4 NW 7 T 22 N R 63 E**
PERMIT/WAIVER No. **179-05-301-004**
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION **300' NE of Pabco & Warm Springs Rd**
Subdivision Name: _____
County: **Clark**
Latitude **UTM E 830470.06** NAD 27
Longitude **N 26722083.02** 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	Thickness
Sandy Gravel		0	21	21
Clayey Gravel	X	21	192	171
Clay with Interbedded Sand	X	192	301	109
Clay		301	342	41
Sand	X	342	343	1
Clay		343	361	18
Sand	X	361	362	1
Clay		362	400	38

9. WELL CONSTRUCTION

Depth Drilled **400** Feet Depth Cased **365** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
9 inches	0	150
8 inches	150	400

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.86	.337	13	345

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

From **345** feet to **365** feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement **370** to **400** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout **0** to **2** Pumped Poured
 ≥30% Bentonite Grout **2** to **333** Pumped Poured

Gravel Pack: Yes No **336.5** to **370** Pumped Poured
Type: **2-16 Sand**

Bentonite Chips: Yes No **333** to **336.5** Pumped Poured
Type: **3/8 Chips**

Date started: **4-8** 20 **08**
Date completed: **5-30** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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** Contractor
Address **12225 B W Peoria Ave** Contractor
El Mirage, AZ 85335
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 **[Signature]**
By driller performing actual drilling on site or contractor
Date **6-18-08**

JUN 23 2008

USE ADDITIONAL SHEETS IF NECESSARY

128 YEARS OF SERVICE