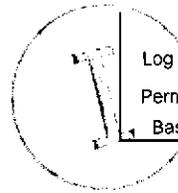


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 1083608
Permit No. _____
Basin 1108

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. 61632

1. OWNER Hawthorne Army Depot
MAILING ADDRESS 15 Maine St
Hawthorne, NV 89415

ADDRESS AT WELL LOCATION _____
Subdivision Name: _____ County: Mineral

2. LOCATION NE ¼ SE ¼ Sec 32 T 09N N/S R 30 E
PERMIT/WAIVER No. #13
Issued by Water Resources Parcel No. _____

Latitude UTM E 38,596 93 NAD 27 DD
Longitude N 118,654 94 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Abandon

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
30% Solids Grout		0	26.79	27
14.2 Gallons of water per bag				
2.2 CF yield				
Cut off 5' concrete cap				
<u>NAD 27, DD</u> <u>38,597,009°N</u> <u>118,653,971°W</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	26.79	Feet
HOLE DIAMETER (BIT SIZE)				
	From	To		
	Inches	Feet		Feet
	Inches	Feet		Feet
	Inches	Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		Sch 40 PVC	0	26.79

Perforations:

Type of perforation _____
Size of perforation _____

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

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout 0 to 26.79 Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 16-Mar, 20 09
Date completed: 3/16/2009, 20 09

7. Water Level
Static water level: 20.74 feet below land surface
Artesian Flow: NA G.P.M. P.S.I.
Water Temperature: NA °F
Quality: _____

8. 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)

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDC Exploration & Wells
Contractor

Address PO Box 141
Contractor

Zamora, CA 95698

Nevada contractor's license number issued by the State Contractor's Board 12852
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111

Signed Jim Whitley
By driller performing actual drilling on site or contractor

Date 3/17/2009

RECEIVED
 JUL 08 2009
 STATE ENGINEERS OFFICE