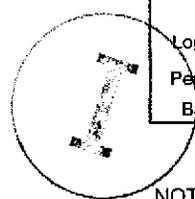


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY **108370**



Log No. _____
Permit No. _____
Basin **1100**

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. 61639

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

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

2. LOCATION SW ¼ SE ¼ Sec 17 T 08N N/S R 30 E
PERMIT/WAIVER No. _____
Issued by Water Resources Parcel No. _____

Latitude _____ UTM E 38,547 61 NAD 27
Longitude _____ N 118,653 96 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	129.70	130
14.2 Gallons of water per bag				
2.2 CF yield				
Cut off 5' bgs concrete cap				
<i>NAD 27 - PD 38.547, 688 W 118.652, 992 W</i>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	129.70	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	129.70

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 129.7 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: 122.24 feet below land surface
Artesian Flow: NA G.P.M. P.S.I.
Water Temperature: NA °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump 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 *[Signature]*
By driller performing actual drilling on site or contractor

Date **3/17/2009**

RECEIVED
JUL 09 2009
STATE ENGINEER'S OFFICE