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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. _____
 Permit No. _____
 Basin. **114C**

NOTICE OF INTENT No. **60959**

1. OWNER **Hawthorne Army Depot (Reviv)** ADDRESS AT WELL LOCATION **Hwy 95 Hawthorne Army Depot**
 MAILING ADDRESS **25 Maine Bldg 5 Hawthorne NV 89415**

2. LOCATION **N 1/4 Sec. 8 T. 8 S. R. 30 E. Mineral** County
 PERMIT NO. **M/D-1475/9-000031** Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **Temp**

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other **S.M.C.**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill material		0	23	23
Gravelly sand		23	40	17
SILTY Clayey sand		40	64	24
SILTY sand INT./Clay		64	81	17
SILTY Sand Trace gravel		81	95	14
Sandy Gravel		95	105	10
Sandy Clay		105	110	5
38.568728°N 118.619361°W NAD 27 (2)				
ABANDON w/ Cement Grout 110 20 40				
ABANDON w/ Neat Penet 120 0 120				
GPS coords: N 38° 34' 07.12" W 118° 37' 12.94"				
datum: WGS 84				

8. WELL CONSTRUCTION
 Depth Drilled **110** Feet Depth Cased **0** Feet

HOLE DIAMETER (BIT SIZE)
 From **6"** To **110"**
 Inches _____ Feet _____
 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
 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 **12/7**, 20**07**
 Date completed **12/7**, 20**07**

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 **N/A D19** 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 **BOART Longyear** Contractor
 Address **12464 McCaw Dr. Santa Fe Springs, CAL. 90670** Contractor
 Nevada contractor's license number **0021976** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2198**
 Signed **[Signature]** by driller performing actual drilling on site or contractor
 Date **2/11/08**