

Log No. _____
 Permit No. _____
 Basin **116C**

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 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **60959 60762**

1. OWNER **Hawthorne Army Depot (Kevin Shannon)** ADDRESS AT WELL LOCATION **Hwy 95 Hawthorne Army Depot**
 MAILING ADDRESS **25 Maine Bldg. 5 Hawthorne, Nev. 89415**

2. LOCATION **N 1/4 NW 1/4 Sec 14/0 8 N 30 E Mineral** County
 PERMIT NO. **WYO-1475/P-00031** Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____

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

5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravelly silty sand		0	15	15
Silty sand		15	32	17
Gravelly sand		32	37	5
Silty sand		37	51	14
Sandy gravel clay		51	67	16
Sand		67	68	1
Silty sand		68	99	31
Silty clay		99	104	5
Silty clay		104	108	4
Silty sand		107	117	10
38.5682200N				
118.6215590W	NAD	27	70	
ABandon w/ neat cement		117	0	117
ABandon w/ neat cement		20	0	20
GPS coords: N 38°		34	05	29
W 118°		37	21	07
Stationing in GCS 84				

8. WELL CONSTRUCTION

Depth Drilled **117** Feet Depth Cased **0** Feet

HOLE DIAMETER (BIT SIZE)

6" From **0** To **117**
 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)

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
 Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level **N/A Dry** 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 McCann Dr Santa Fe Springs, CAL 90670**
 Nevada contractor's license number issued by the State Contractor's Board **0021976**
 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**

Date started **12/8** 20**07**
 Date completed **12/8** 20**07**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)