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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: **110C**

1. OWNER **Hawthorne Army Depot (Kevin Shaw)**
 MAILING ADDRESS **25 MAINE Bldg. 5 Hawthorne NV. 89415**

NOTICE OF INTENT NO. **60959**
 ADDRESS AT WELL LOCATION **Hwy 95 Hawthorne Army Depot**

2. LOCATION **N 1/4 Sec. 9 T. 8 S. R. 30 E. Mineral** County
 PERMIT NO. **M/D-175/9-000034** Issued by Water Resources
 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 **SCALE**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	23	23
Silty Gravelly sand		23	34	11
Silty sand		34	94	60
Gravelly silty sand		94	111	17
Silty sand		111	136	25
Gravelly silty sand		136	148	12
38.568267°N 118.641901°W NAD 27 (9)				
Abandoned Cement Grout 148 20 128				
Abandoned Neat Cement 148 0 148				
635 cords N 38° 34' 05.46" W 118° 38' 34.30" datum: WGS 84				

8. WELL CONSTRUCTION

Depth Drilled **148** Feet Depth Cased **0** Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
6	0	148	

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
 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

9. WATER LEVEL
 Static water level **122'** 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, CA 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 **3/11/08**

Date started **12/19**, 20**07**
 Date completed **12/20**, 20**07**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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