

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

OFFICE USE ONLY
Log No. 111261
Permit No. _____
Basin _____

**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. 33586

1. OWNER USA-US Government
MAILING ADDRESS Washington, DC

ADDRESS AT WELL LOCATION _____

2. LOCATION NW 1/4 SE 1/4 Sec 28 T 21S N/S R 63 E
PERMIT/WAIVER No. 160-28-801-001
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: Clark
Latitude 36.09276 UTM E 847035.734 NAD 27
Longitude -114.94291 N 26732403.203 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other core

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
fill		0	21	21
Sandstone/Siltstone/claystone pale reddish brown w/white to light gray, weak to very weak		21	92	71
Gypsum/Siltstone/claystone - orange/pink to reddish brown very weak, fresh		92	101	9
Sandstone/Siltstone/claystone pale reddish brown to light gray weak to very weak		101	119	18
Sandstone-light to mod brown		119	150	31
Sandstone-reddish orange fine to med grained, weak		150	165	15
Siltstone/sandstone-reddish brown, fresh, weak, low hardness		165	240	75
Sandstone/Siltstone-fine grained reddish brown, fresh, weak		240	245	5
Sandstone/siltstone/claystone mod reddish brown, thin beds of white gypsum, weak, fresh		245	315	70

9. WELL CONSTRUCTION
Depth Drilled 315 Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
6 Inches 0 Feet 315 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1.5		Sch. 40	0	268

Perforations:
Type of perforation Slotted PVC
Size of perforation 10-slot
From 268 feet to 315 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 264 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 268 to 315 Pumped Poured
Type: 10 - 20
Bentonite Chips: Yes No 264 to 268 Pumped Poured
Type: _____

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

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Crux Subsurface, Inc. Contractor
Address 16707 E. Euclid Ave, Spokane Valley, WA 99216 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0060707
Nevada driller's license number issued by the Division of Water Resources, the on-site driller m-2314
Signed _____
Date 2/24/2010
By driller performing actual drilling on site or contractor