

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

OFFICE USE ONLY
 Log No. **68625**
 Permit No. **212**
 Basin **212**

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. **15921**

1. OWNER **NEILS AFB 99 AGW** ADDRESS AT WELL LOCATION **5790 Rickenbacker RD**
 MAILING ADDRESS **EMR 4349 DUFFER DR. NEILS AFB, NV 89191-7054**
NEILS AFB, NV 89191-7007

2. LOCATION **NW+SW SE 1/4 Sec. 4 T. 20 N. R. 62 E CLARK** County
 PERMIT NO. **N/A** Issued by Water Resources Parcel No. **140-04-801-001** Subdivision Name **NA**

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 **Est-Son,c**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Caliche		0	50	50
SAND silt		50	58	8
SAND		58	63	5
SAND, silt & clay		63	120	57
SAND & silt		120	140	20

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)
 From **8.25** Inches To **2** Feet **140** Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5"	220 Lb	.394	0	140

Perforations:
 Type perforation **SLOTTED**
 Size perforation **0.020**
 From **80** feet to **140** feet
 From feet to feet
 From feet to feet
 From feet to feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **79** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **79** feet to **140** feet

Date started **OCTOBER 13** 19**97**
 Date completed **OCTOBER 16** 19**97**

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Time (Hours)

9. WATER LEVEL
 Static water level **41.5'** 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 **ROBERT RUDBY** Contractor
 Address **2723 W Seldom LN** Contractor
PEORIA AZ 85345

Nevada contractor's license number issued by the State Contractor's Board: **001057**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **M-2071**

Signed **Robert Rudby**
 By driller performing actual drilling on site or contractor
 Date **10-21-97**