

WELL DRILLER'S REPORT

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

DEPT USE ONLY
Log No. **822961**
Permit No. **212**
Basin **212**

1. OWNER **Nellis AFB**
MAILING ADDRESS **4349 Duffer Drive Ste 1601**
Bell's AFB NV 89191-7007

ADDRESS AT WELL LOCATION **OR 62 E B-132**
Tract No. B-132
Nellis AFB Bldg 858

NOTICE OF INTENT NO. **42229**

2. LOCATION **SE 1/4 SW 34 T 19 N**
VA 34-34-001-003
Permit No. **212** Parcel No. **34-001-003** County

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
4. PROPOSED USE
 Irrigation Test Cable Rotary RVC
 Monitor Stock Air Other **212**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clearly Alluvial		0	78	78
bluish, grey				
S.H., sandy, clay		78	140	62
Brown				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
140		140	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
8.5		0	140	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	.7	0.1875	0	130
2.375	.7	.157	0	100

Performations:
Type perforation **Foggy**
Size perforation **.220**
From **130** feet to **140** feet
From **120** feet to **128** feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal **43**
Placement Method: Pumped Poured

Gravel Packed: Yes No
From **128** feet to **98** feet to **140**, **120** feet

9. WATER LEVEL
Static water level **78** feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature **60.1** °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 **Shawn Cain** Contractor
Address **7773 W Selden Ln**
Peoria AZ 85345
Nevada contractor's license number **0010157**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2147**
Signed **Shawn Cain**
Date **2-2-01**

7. TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____
Date started **1-30-01** 19____
Date completed **2-1-01** 19____

TEST METHOD: Draw Down
Not Pumped