

OFFICE USE ONLY  
 Log No. 84316  
 Permit No. \_\_\_\_\_  
 Basin. 212

PRINT OR TYPE ONLY  
 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. 21241

1. OWNER US Air Force ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 4349 Ayrton Drive Nellis AFB  
Suite 1601 Nellis AFB Nev. 89191  
 2. LOCATION NE 1/4 NE 1/4 Sec. 3 T 20 N/S R 62 E Clark County \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources \_\_\_\_\_ Parcel No. 140-03-501-001 Subdivision Name \_\_\_\_\_

3. WORK PERFORMED 12 Well 4. PROPOSED USE \_\_\_\_\_ 5. WELL TYPE \_\_\_\_\_  
 New Well  Replace  Recondition  Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Deepen  Abandon  Other \_\_\_\_\_  Municipal/Industrial  Monitor  Stock  Air  Other Rugger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Drilled after 12</u>				
<u>2" Wells</u>				
<u>pulled well</u>				
<u>Casing Run 70m to</u>				
<u>pipe to bottom of</u>				
<u>hole pumped</u>				
<u>Neat Cement</u>				
<u>to surface with</u>				
<u>Gravel pump</u>				
<u>12 wells complete</u>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	_____
_____	_____	_____
_____	_____	_____

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

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 3-19, 2001  
 Date completed 3-24, 2001

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Hayne Christenson Co. Contractor  
 Address 2030 E Riggs Rd Shovelton Contractor  
Az. 85249

Nevada contractor's license number issued by the State Contractor's Board 0019101  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2021

Signed Michael D. Wells  
 By driller performing actual drilling on site or contractor  
 Date 3-24-2001