

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

OFFICE USE ONLY
 Log No. 84321
 Permit No. _____
 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. 21241

1. OWNER US Air Force ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4349 Acker 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 140-03-501-001 Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED 12 Wells 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 Bugel

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>Grout pump</u>				
<u>12 wells complete</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

_____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

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
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

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)

9. WATER LEVEL

Static water level _____ 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 Hayne Christensen Co. Contractor
 Address 12030 E Riggs Rd Chandler Contractor
AZ 85249

Nevada contractor's license number 0019101
 issued by the State Contractor's Board

Nevada driller's license number issued by the 2021
 Division of Water Resources, the on-site driller

Signed Michael D. Wells
 By driller performing actual drilling on site or contractor

Date 3-24-2001