

Conversion to monitor well
EBM-4

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

OFFICE USE ONLY
Log No. 123351
Permit No. 38032
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

1. OWNER MV Cogeneration Associates ADDRESS AT WELL LOCATION Right of Way PARCO
MAILING ADDRESS 420 N. Nellis Blvd #43-400 Road
Las Vegas NV 89110 Subdivision Name: County:

2. LOCATION NE 1/4 SE 1/4 Sec 13 T 19 N R 63 E Latitude 36.295778 UTM E NAD 27
PERMIT/WAIVER No. 58032 / MO-1988 Longitude -114.886533 N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Well 12" x 4"				
Doughnut on well				
and 18" long x 4"				
Nipple with Locking				
4" Cap				
Existing well log #'s				
			37930	
			22058	
			92635	

9. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation	Size of perforation	From	feet to	feet

Annular Seal: Yes No

Material	to	Annular Seal	Method
<input type="checkbox"/> Neat Cement		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

7. Water Level
Static water level: _____ 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 Anzalone Pumps Inc Contractor
Address 3632 N. 250E Energy, UT 84721 Contractor

Nevada contractor's license number issued by the State Contractor's Board A0073603
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2406

Signed _____
By driller performing actual drilling on-site or contractor

Date 8.21.15