

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

OFFICE USE ONLY
Log No. 124804
Permit No. _____
Basin No. _____

PRINT OR TYPE IN BLACK INK 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 38805-
WELL NAME (if applicable): P-24 MC

1. OWNER/CLIENT NAME NEVADA POWER COMPANY
MAILING ADDRESS P.O. Box 78910
LAS VEGAS, NV 89193

DETAILED ADDRESS AT WELL LOCATION 501 W. HAY KAY WAY
MORENO, NV
Subdivision Name: _____ County CLARK

2. PLS LOCATION SE 1/4 SE 1/4 Q6 Sec 15 N6E 66E
PERMIT/WAIVER NO. MO-3048 042-06-801-000
Issued by Water Resources Current Parcel No.

Latitude 36.653713 UTM E NAD 27
Longitude -114.639130 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen. Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Irrigation Monitor
 Corn / Ind Stock
 Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Fill (GRAVEL, SAND, SILT CLAY w/ SILT)			0	20
SAND (FINE TO MED)	X		20	49
SAND w/ SILT	X		49	71
SAND w/ GRAVEL	X		71	81
SANDY/SILT CLAY	X		81	91
SAND w/ SILT	X		91	103
			103	110

9. INSTRUCTION
Depth Drilled: 110 Feet Depth Cased: 110 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>8 1/2</u>	0	110		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>2.06</u>	<u>.237</u>	<u>0</u>	<u>110</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement to _____
 Cement Grout 95 to 2
 Concrete Grout 2 to 0
 Bentonite Chips 98 to 95
 Gravel Pack [> 0.2 in.] _____ to _____
 Sand Pack [< 0.2 in.] 110 to 98
 Other, explain: _____

Pumped Poured
 Pumped Poured
 Pumped Poured
 Pumped Poured
 Pumped Poured
 Pumped Poured

Date started: JUNE 23 20 15
Date completed: JUNE 24 20 15

7. WATER QUALITIES
Static water level: 15.10 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	<input type="checkbox"/> Bailor	<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
<u>Pump</u>	<u>3</u>	<u>50:70</u>	<u>4</u>

PERFORATIONS.

Type of perforation: FACTORY CUT
Size of perforation: 010
From 110 Feet To 90 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

10. DRILLER'S CERTIFICATION

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

Name: CASIMIR D. THOMAS Contractor
Address: 7773 W. 300th St. IN PEORIA AZ 85315 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 0073966
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2489
Signed: _____
Date: 6/23/15

NAD27
36.6537415
-114.6383057