

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

OFFICE USE ONLY
Log No. 124806
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. 38804
WELL NAME (if applicable): P-27 M

1. OWNER/CLIENT NAME NEVADA POWER COMPANY
MAILING ADDRESS P.O. Box 98910
LAS VEGAS NV 89193

DETAILED ADDRESS AT WELL LOCATION 501 WALLY KAY WAY
MOAPA NV
Subdivision Name: _____
County: CLARK

2. PLS LOCATION S4 1/4 S22 1/2 05 Sec 15 N10 66 E
PERMIT/WAIVER NO. MD-3091 042-05-401-003
Issued by Water Resources Current Parcel No.

Latitude 36.64592 UTM E
Longitude -114.636747 UTM N
 NAD 27
 NAD 83/WGS 84

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

4. PROPOSED USE
 Domestic
 Mining / Dewater
 Test / Other
 Irrigation
 Com / Ind
 Mun / QM

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
SILTY SAND			0	6
SILTY CLAY		X	6	32
SILTY SAND		X	32	36
SILTY CLAY		X	36	41
SILTY SAND		X	41	58
SAND		X	58	69
SILTY CLAY		X	69	72

9. INSTRUCTION
Depth Drilled: 72 Feet
Depth Cased: 69 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 72 Feet
Inches Feet
Inches Feet
Inches Feet

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>2.5</u>	<u>69</u>

DCNR/DWR/SNEC
RECEIVED
JUL 27 2015

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement to _____
 Cement Grout 54 to 5
 Concrete Grout 5 to 0
 Bentonite Chips 57 to 54
 Gravel Pack (> 0.2 in.) to _____
 Sand Pack (< 0.2 in.) 72 to 57
 Other, explain: _____

DCNR/DWR/SNEC
RECEIVED
FEB 08 2016

PERFORATIONS:
Type of perforation: FACTORY CUT
Size of perforation: 0.010
From 69 Feet To 59 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: JUL 6 20 15
Date completed: 7/13/15 20 15

7. WATER QUALITIES
Static water level: 3.60 Feet below land surface
Artesian Flow: _____ G.P.M. P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name CASCADE DRILLING L.P.
Address 7773 W. SARBON LN PEORIA AZ 85345
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: 7/13/15

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>Pumped</u>	<u>2.5</u>	<u>56.35</u>	<u>1</u>

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

NAD 27
30.6546204
-114.6359229