

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

OFFICE USE ONLY
Log No. 124809
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): MW-2911

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

DETAILED ADDRESS AT WELL LOCATION 501 WALKER WAY
MORFIS NV

2. PLS LOCATION NE 1/4 SE 1/4 6 Sec 15 NB 66 E
PERMIT/WAIVER NO. MO-3042 042-06-101-001
Issued by Water Resources Current Parcel No.

Subdivision Name: _____
Latitude 36.659278 UTM E NAD 27
Longitude -114.639475 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
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

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
CLAY		X	6	15
SILT W/ SAND		X	15	22
CLAY			22	32
SILT W/ SAND		X	32	58
GRAVEL		X	58	68

9. INSTRUCTION
Depth Drilled: 68 Feet
Depth Cased: 65 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 68 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>2.57</u>	<u>.237</u>	<u>4.5</u>	<u>6.5</u>

DOWN/DWR/SNEC RECEIVED

FEB 08 2015

DOWN/DWR/SNEC RECEIVED

MAR 27 2015

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement. _____ to _____ Pumped Poured
 Cement Grout 50 to 5 Pumped Poured
 Concrete Grout 5 to 0 Pumped Poured
 Bentonite Chips 53 to 50 Pumped Poured
 Gravel Pack (> 0.2 in.) _____ to _____ Pumped Poured
 Sand Pack (< 0.2 in.) 68 to 63 Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:
Type of perforation: FACTORY CUT
Size of perforation: 1010
From 65 Feet To 55 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: July 19 20 15
Date completed: 7/22 20 15

7. WATER QUALITIES
Static water level: 3.3 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 CASCAD DRILLERS
Address 7773 W SARBON LN PRORM 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: 7/19/15

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>5</u>	<u>1</u>	<u>.5</u>

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

NAD 27

36.6593005
-114.6386507