

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

OFFICE USE ONLY
Log No. 124811
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. 32804
WELL NAME (if applicable): MW-290

1. OWNER/CLIENT NAME NEVADA POWER COMPANY
MAILING ADDRESS PO BOX 98710
LAS VEGAS NV 89193

DETAILED ADDRESS AT WELL LOCATION SOLIMAY KAY WAY
MOBILA NV
Subdivision Name: _____
County: CLARK

2. PLS LOCATION NE 1/4 SE 1/4 C Sec 15 T66 E
PERMIT/WAIVER NO. M9-3042 092-06-701-001
Issued by Water Resources Current Parcel No.

Latitude 36.658190 UTM E NAD 27
Longitude -114.642909 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 Corn / Ind Stock
 Test / Other Mun / OM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ	Water Strata	From	To
SILT SAND			0	6
CLAY		X	6	15
SILT W/ SAND		X	15	22
CLAY		X	22	32
SILT W/ SAND		X	32	53
GRAVEL		X	53	68
SAND W/ GRAVEL		X	68	90
CLAY W/ SILT SAND		X	90	100

9. INSTRUCTION

Depth Drilled: 100 Feet Depth Cased: 85 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>8</u>	0	100		

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>85</u>

DNDR/DWR/SMBC
RECEIVED
FEB 08 2016

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement to _____ to _____ Pumped Poured

Cement Grout 20 to 5 Pumped Poured

Concrete Grout 5 to 0 Pumped Poured

Bentonite Chips 100 to 70 Pumped Poured

Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured

Sand Pack [< 0.2 in.] 90 to 83 Pumped Poured

Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: FACTORY CUT

Size of perforation: 2.10

From 85 Feet To 75 Feet

Date started: July 16 20 15
Date completed: 7/24 20 15

7. WATER QUALITIES
Static water level: 6.4 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 SOLIMAY LN PUEBLO 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: _____
By driller performing actual drilling on site or contractor
Date: 7/19/15

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
<u>Pumped</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	<u>4</u>	<u>34.54</u>	<u>2</u>

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

NAD 27
36.6581985
-114.6420845