

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

OFFICE USE ONLY
Log No. 124815
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. 38203
WELL NAME (if applicable): FW-3001

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 N 1/4 SE 1/4 26E Sec 15 Twp 26 E
PERMIT/WAIVER NO. MA-3043 042-06-701-001
Issued by Water Resources Current Permit No.

Latitude 36.658081 UTM E
Longitude -114.647238 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
 Irrigation Monitor
 Com / 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
<u>SILTY SAND</u>			<u>0</u>	<u>6</u>
<u>CLAY W/ INTERMITTENT SAND</u>		<u>X</u>	<u>6</u>	<u>39</u>
<u>SAND</u>		<u>X</u>	<u>39</u>	<u>45</u>
<u>CLAYEV SAND</u>		<u>X</u>	<u>45</u>	<u>53</u>
<u>SAND</u>		<u>X</u>	<u>53</u>	<u>72</u>
<u>SAND W/ GRAVEL</u>		<u>X</u>	<u>72</u>	<u>85</u>

9. INSTRUCTION
Depth Drilled: 85 Feet
Depth Cased: 75 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>2</u>	<u>0</u>	<u>85</u>		

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>72.5</u>	<u>75</u>

DNCR/DWR/NSDC
RECEIVED
OCT 27 2015

DNCR/DWR/NSDC
RECEIVED
FEB 08 2016

ANNULAR MATERIALS

Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout <u>58</u>	to <u>5</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout <u>5</u>	to <u>0</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips <u>85.62</u>	to <u>77.58</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Sand Pack [< 0.2 in.] <u>75</u>	to <u>62</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

PERFORATIONS:

Type of perforation: FACTORY CUT
Size of perforation: .010

From <u>75</u>	Feet	To <u>65</u>	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet

Date started: July 10 20 15
Date completed: 7/14 20 15

7. WATER QUALITIES
Static water level: 8.7 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>18</u>	<u>2.7</u>	<u>1</u>

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: 9773 W SELBORN LN PEORIA AZ 85345

Nevada contractor's license number as issued by the State Contractor's Board: 0093966
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2489

Signed: _____
Date: 7/14/15

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

NAD27
36.6581096
-114.6464133