

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

OFFICE USE ONLY
Log No. 124818
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. 38801
WELL NAME (if applicable): P-240

1. OWNER/CLIENT NAME NEVADA POWER COMPANY
MAILING ADDRESS PO Box 98210
LA - Vegas NV 89193

DETAILED ADDRESS AT WELL LOCATION 501 WALLY KAT HWY
MOAPA NV
Subdivision Name: _____
County CLARK

2. PLS LOCATION SE 1/4 SE 1/4 06 Sec 15 NO 66E
PERMIT/WAIVER NO. MO 3042A 04206-801-001
Issued by Water Resources Current Parcel No.

Latitude 36.653713 UTM E _____
Longitude 114.639054 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 Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / GM 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 3.15)			0	20
CLAY w/ silt		X	20	49
SAND (Pink to red)		X	49	71
SAND w/ silt		X	71	81
SAND w/ GRAVEL		X	81	91
SANDY, SILTY CLAY		X	91	103
SAND w/ silt		X	103	110
SILTY CLAY			111	130

9. INSTRUCTION

Depth Drilled: 130 Feet Depth Cased: 90 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
8"	0	130	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.04	.237	0	90

ANNULAR MATERIALS

- Sanitary Seal Yes No
- Neat Cement to _____ Pumped Poured
 Cement Grout 76 to 8 Pumped Poured
 Concrete Grout 2 to 0 Pumped Poured
 Bentonite Chips 15 78 to 72 75 Pumped Poured
 Gravel Pack [> 0.2 in.] to _____ Pumped Poured
 Sand Pack [< 0.2 in.] 92 to 78 Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS

Type of perforation: FACTORY CUT
Size of perforation: .010
From 90 Feet To 20 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

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 77734 Sheldon Ln P.O. Box 25345

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: 6/28/15

Date started: June 19 20 15
Date completed: 7/13 20 15

7. WATER QUALITIES
Static water level: 14.20 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	Recorded Time (Hours)
<u>Pumpal</u>				<u>2.5</u>

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

NAD 27

36.6537415
- 114.6382297