

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

OFFICE USE ONLY
 Log No. **45693**
 Permit No. _____
 Basin. **184**

PRINT OR TYPE 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. **13108**

1. OWNER **NEVADA POWER CO/REID GARDNER SA** ADDRESS AT WELL LOCATION **REID GARDNER FACILITY**
 MAILING ADDRESS **P.O. BOX 77 MOAPA, NV 89025**

2. LOCATION **N1/4 SE 1/4 Sec. 5 T. 15 N. R. 66 E. CLARK** County
 PERMIT NO. **MO-2455** | **LAD-250-013** | _____
Issued by Water Resources | Parcel No. | Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE **B-8**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **AUGER**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
FILL		0	2	2
CLAYEY SAND		2	3	1
SANDY CLAY		3	4.5	1.5
SANDY GRAVEL		4.5	5	0.5
SANDY CLAY		5	9	4
CEMENTED SAND/GRAV		9	10	1
SANDY GRAVEL		10	11	1
SANDY CLAY		11	12	1
SILTY TO GRAVELLY SAND		12	15	3
SANDY CLAY		15	15.5	0.5
GRAVELLY SAND		15.5	16	0.5
CEMENTED GRAVEL		16	16.5	0.5
SILTY SAND		16.5	17	0.5
SILTY CLAY		17	19	2
GRAVELLY SAND		19	20	1
SILTY CLAY		20	23.5	3.5
SILTY SAND		23.5	25	1.5

8. WELL CONSTRUCTION
 Depth Drilled **25** Feet Depth Cased **24** Feet

HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **0** Feet **25** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	24

Perforations:
 Type perforation **FACTORY SLOT**
 Size perforation **0.010**
 From **9** feet to **24** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0-5' 5-7' BENTONITE** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **7** feet to **24** feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **THOMAS HIGH** Contractor
 Address **4670 SO POLARIS AVE LAS VEGAS NV 89103** Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M1869**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **JULY 12, 1994**

Date started **JUNE 14**, 19**94**
 Date completed **JUNE 14**, 19**94**

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

RECEIVED

JUL 15 1994

Div. of Water Resources
 Branch Office - Las Vegas, NV