

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 45694
 Permit No. _____
 Basin 184

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER NEVADA POWER CO/REID GARDNER STA
 MAILING ADDRESS P.O. BOX 77
MDAPA, NV 89025

NOTICE OF INTENT NO. 13108
 ADDRESS AT WELL LOCATION REID GARDNER FACILITY

2. LOCATION NW 1/4 SE 1/4 Sec. 5 T. 13
 PERMIT NO. MD-2455 690-250-013 NOR 666 E CLARK County

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE B-9
 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
<u>FILL</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>SANDY GRAVEL</u>		<u>1</u>	<u>2</u>	<u>1</u>
<u>SILTY SAND</u>		<u>2</u>	<u>4</u>	<u>2</u>
<u>SANDY CLAY</u>		<u>4</u>	<u>6</u>	<u>2</u>
<u>CAUCHE</u>		<u>6</u>	<u>7.5</u>	<u>1.5</u>
<u>SANDY CLAY</u>		<u>7.5</u>	<u>11</u>	<u>3.5</u>
<u>INTERBEDDED SANDS & SILTS</u>		<u>11</u>	<u>20.5</u>	<u>9.5</u>
<u>SILTY CLAY</u>		<u>20.5</u>	<u>23</u>	<u>2.5</u>
<u>GRAVELLY TO SILTY SAND</u>		<u>23</u>	<u>25</u>	<u>2</u>

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)
<u>2.375</u>	<u>0.64</u>	<u>0.154</u>	<u>0</u>	<u>24</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 0.010
 From 9 feet to 24' feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 _____
 By driller performing actual drilling on site or contractor
 Date JULY 12, 1994

Date started JUNE 14 1994
 Date completed JUNE 14 1994

7. WELL TEST DATA

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

RECEIVED
 JUL 15 1994
 Div. of Water Resources
 Branch Office - Las Vegas, NV