

86619
 OFFICE-USE ONLY
 Log No. 86619
 Permit No.
 Basin 213

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 23042
 MOHAVE GENERATING

1. OWNER **SOUTHERN CALIFORNIA EDISON**
 MAILING ADDRESS **P.O BOX 700 ROSEMEAD, CA 91770**
 ADDRESS AT WELL LOCATION **STATION 655 BRUCE WOODBURY DR. LAUGHLIN, NV 89029**
 2. LOCATION **SW NE 1/4 Sec. 84A T. 32 R. 66 CLARK** County
MOHAVE GENERATING STATION
 PERMIT NO. Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other
 4. Remediation PROPOSED USE
 Domestic Irrigation Test Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
#84A(Replacement well well certification)				
2" sounding tube			10.5	
6" casing			13.5	
2- ballard protection Well measured depth 313'				
Only well depth, static water level and above ground measurements could be confirmed by Allen Drilling. All other measurements are taken off the accompanying well log.				

8. WELL CONSTRUCTION
 Depth Drilled **305'** Feet Depth Cased **290'** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 1/4" Inches Feet Feet
 Inches Feet Feet
 Inches Feet Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6"	steel		0	10'
6"	pvc sch40		10'	220'
6"	pvc screen		220'	290'

Perforations:
 Type perforation **040**
 Size perforation
 From feet to feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Pack Yes No **200'** Sand
 From **200'** feet to **305'** 8x16 longstar

Date started **11/9/01**, 19____
 Date completed **11/9/01**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level **232.42** 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.
ALLEN DRILLING INC.
 Name _____ Contractor
 Address **4847 S. VALLEY VIEW LAS VEGAS, NV 89103** Contractor
 Nevada contractor's license number **18917** issued by the State Contractor's Board
 Nevada driller's license number issued by the **1301** Division of Water Resources, the on-site driller.
 Signed *Mel S. Allen*
 By driller performing actual drilling on site or contractor
 Date **11/30/01**