

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

OFFICE USE ONLY
Log No. 119033
Permit No. _____
Basin 210

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. 34562

1. OWNER Nevada Power Company ADDRESS AT WELL LOCATION None
MAILING ADDRESS PO Box 98910
Las Vegas, NV 89193-8910 Subdivision Name: _____ County: Clark

2. LOCATION NW 1/4 SE 1/4 Sec 28 T 21 N R 62 E Latitude 36° 05' 25.64" N UTM E NAD 27
PERMIT/WAIVER No. 161-28-703-001 Longitude 115° 03' 11.18" W N NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Stock Monitor
5. WELL TYPE Cable Rotary RVC Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand & Gravel</u>		<u>0</u>	<u>8</u>	
<u>caliche</u>		<u>8</u>	<u>9</u>	
<u>Sandy clay</u>	<u>15</u>	<u>9</u>	<u>15</u>	
<u>Gravel w/sand</u>		<u>15</u>	<u>17</u>	
<u>Sandy clay</u>		<u>17</u>	<u>25</u>	

plug logs need CALL ELITE. look for plug logs or sand layer

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
<u>10</u>	Inches	<u>0</u>	Feet <u>25</u>
	Inches		Feet
	Inches		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory slot
Size of perforation .210
From 10 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 6 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: #3
Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: hole plug

Date started: 4-21, 20 08
Date completed: 4-21, 20 08

7. Water Level
Static water level: 15 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

RECEIVED
MAY 01 2008
LAS VEGAS OFFICE

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling Inc. Contractor
Address 4255 W. Post rd. Contractor
Las Vegas, NV 89118
Nevada contractor's license number _____
issued by the State Contractor's Board 0054931
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-1869
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 4-29-08