

PRINT OR TYPE ONLY
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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. **24842**

1. OWNER **Nevada Power** ADDRESS AT WELL LOCATION **Riedgardner**
 MAILING ADDRESS **6226 W. Sahara Ave** **501 Wally Kayway, Moapa, NV 89025**
Las Vegas, NV 89146

2. LOCATION **NE 1/4 SW 1/4 Sec. 5 T 15 N R 66 E** **Clark** County
 PERMIT NO. **042-05-301-005** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 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 |
|--------------------|--------------|------|----|------------|
| Black Crushed coal | | 0 | 1 | 1 |
| Brown clayey sand | | 1 | 5 | 4 |
| w/ some gravel | | 6 | 8 | 2 |
| Brown Sandy clay | 18 | 8 | 21 | 11 |
| Reddish Brown clay | | 21 | 30 | 9 |

DGNP/DWV
 RECEIVED
 MAY 21 2004
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **27** Feet

HOLE DIAMETER (BIT SIZE)
 From **0** To **27**
10 Inches **0** Feet **27** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 4" | PVC | Sch 40 | 0 | 27 |

Perforations:
 Type perforation **Factory slot**
 Size perforation **.020**
 From **7** feet to **27** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **7 to surface** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **7** feet to **27** feet

9. WATER LEVEL
 Static water level **18** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **May 10** 20 **04**
 Date completed **May 10** 20 **04**

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 | | | |
| | | | |
| | | | |
| | | | |

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 **5115 S. Industrial rd. #104** Contractor
Las Vegas, NV 89118
 Nevada contractor's license number **0054931** issued by the State Contractor's Board
 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 **5-17-04**