



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

OFFICE USE ONLY
Log No.
Permit No.
Basin 285

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. 59915

1. OWNER **Kiley Ranch Well #6** ADDRESS AT WELL LOCATION **Pyramid Hwy & Sparks Blvd. Sparks**
MAILING ADDRESS **P.O. Box 856 Reno NV 89504** **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **ne 1/4 sw 1/4 Sec 10 T20N R20E** Latitude **39.61394** UTM E _____ NAD 27
PERMIT/WAIVER NO. _____ Longitude **119.72512** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. **083-021-86**

3. TYPE OF WELL Domestic Irrigation Test Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? Yes No
If yes, what is replacement well NOI? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? **20312**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **250** Feet Depth Cased **250** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10 3/4	28.4	250	0	250

Existing Perforations:
Type of perforation **Factory**
Size of perforation **1/8**
From **50** feet to **250** feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **35** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **Cool** °F Quality **Not tested**

6. Additional Notes or Comments
On this date we abandoned a 10" x 250' well by perforating with Mills Knife from 0 to 225'. We then pumped 8 cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.

Washoe Permit # **WL 0700103**

N 39.614050
W 119.724115 NAD83

STATE ENGINEERS OFFICE
2007 AUG -9 AM 10:52

7. WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? Yes No
If well was not cleaned out to total depth, please explain why: _____

Was the well contaminated? Yes No
Was the casing pulled? Yes No
Was the casing over drilled? Yes No
If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforater used: **Mills Knife**
From **0** feet to **225** feet Number of perfs per linear foot **6**
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____

8. WELL PLUGGING MATERIALS

		Material Used	
From 0 feet to 250 feet	cement	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout _____ % bentonite

Date Started **7/19/07**
Date Completed **7/19/07**

9. DRILLER'S CERTIFICATION

This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.

Name **Bruce MacKay Pump & Well Service, Inc.**
(CONTRACTOR)

Address **1600 Mt. Rose Hwy**
(CONTRACTOR)
Reno, NV 89511

Nevada contractor's license number issued by the State Contractor's Board **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2299**

Signed **R. Bruce MacKay**
By driller performing actual drilling on site or contractor

Date **7/31/07**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY