

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

OFFICE USE ONLY 105351
Log No. _____
Permit No. _____
Basin 397

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. 62170
655 Stanford Way

1 OWNER Western Energetics, LLC ADDRESS AT WELL LOCATION SPARKS NV
MAILING ADDRESS 2360 Liddbergh Street
Auburn, CA 95620 Subdivision Name: _____ County: _____

2 LOCATION SE 1/4 NW 1/4 Sec 9 T 19 N R 20 E Latitude 39.529925N UTM E _____ NAD 27
PERMIT/WAIVER No. NA-WCDHD 1032-312-31 Longitude 119.742396W N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor MW2 Stock
Is this well being plugged because a replacement well was drilled? NO
If yes, what is replacement well NOI? _____
Is there an existing well log? yes
If yes, what is NDWR well log #? 103593

4 EXISTING WELL CONSTRUCTION
Depth Drilled 40 Feet Depth Cased 40 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>1/2 40</u>	<u>0</u>	<u>40</u>

Existing Perforations:
Type of perforation slotted screened
Size of perforation 0.020
From 20 feet to 40 feet
From _____ feet to _____ feet

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 perforator used: _____
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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____

5 WATER LEVEL
Static water level 27 feet below land surface
Artesian flow NO G.P.M. _____ P.S.I. _____
Water temperature Warm °F Quality Mucky

8 WELL PLUGGING MATERIALS

Material Used				Pumped	Poured
From <u>1</u> feet to <u>40</u> feet	<u>Neat cement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From <u>0</u> feet to <u>1</u> feet	<u>Quickrete concrete</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____ feet to _____ feet	<u>4000</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments

MW # 2
Facility ID # 4-000722 and/or WG 674
WGS 84 N 39° 31' 18.7"
W 119° 44' 66.0"
N 39.529892
W 119.743329 NAD 27

Neat Cement Fluid Weight 23.5 lbs/gal
Bentonite Grout _____ % bentonite _____

Date Started 1/15/08
Date Completed 1/15/08

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 DALE LEHMAN Contractor
Address 520 Edison Way Contractor
Revo NV 89502
Nevada contractor's license number issued by the State Contractor's Board 0062596 ASI
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976
Signed Dale Lehman By driller performing actual drilling on site or contractor
Date 1/17/08

USE ADDITIONAL SHEETS IF NECESSARY

2808 JAN 22 PM 1:39