

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

OFFICE USE ONLY **105783**
Log No.
Permit No.
Basin **097**

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. **61940**

1. OWNER **Sparks Legends Development Co.** ADDRESS AT WELL LOCATION **Sparks Blvd. & East Lincoln Way**
MAILING ADDRESS **4717 Central St.** **Sparks**
Kansas City Mo. 64112 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW¼NE¼ Sec10T19N/ R20E** Latitude **39.53436** UTM E NAD 27
PERMIT/WAIVER NO. **NO-1409** **037-030-52** Longitude **119.71789** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

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 #? **101345**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **35** Feet Depth Cased **35** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		sch40	0	35

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: *could be, 4 other logs in the area*
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: _____

Existing Perforations:
Type of perforation saw _____
Size of perforation .020

From 10 feet to 35 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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 _____
From _____ feet to _____ feet	Number of perfs per linear foot _____

5. WATER LEVEL
Static water level: **5** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS
Material Used
Neat cement Pumped Poured
From **0** feet to **34 35** feet
From _____ feet to _____ feet Pumped Poured
Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **1/9/08**
Date Completed **1/9/08**

6. Additional Notes or Comments
On this date we abandoned a 2" x 35' Monitor well by pumping 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 County Permit WL 080004

*N 39.534469
W 119.716887 NAD83*

*SEARCHED INDEXED SERIALIZED
LI 11111 02 NOV 2008*

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 **1/11/08**