

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

**OFFICE USE ONLY**  
Log No. 106049  
Permit No. \_\_\_\_\_  
Basin 212

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. 33601

1 OWNER CIRCLE K STORES INC. ADDRESS AT WELL LOCATION 1301 N. Eastern  
MAILING ADDRESS PO Box 4900 Las Vegas, NV W-1  
Scottsdale AZ 85261 Subdivision Name: \_\_\_\_\_ County: Clark

2 LOCATION NE ¼ NE ¼ Sec 26 T 20S N/S R 61 E Latitude See Notes UTM E  NAD 27  
PERMIT/WAIVER No. 139-26-508-012 Longitude \_\_\_\_\_ 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? No  
Is there an existing well log? N/A  
If yes, what is replacement well No? \_\_\_\_\_ If yes, what is NDWR well log #? \_\_\_\_\_

4 EXISTING WELL CONSTRUCTION  
Depth Drilled See Notes Feet Depth Cased \_\_\_\_\_ Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"	10.79	.237	0	20

Existing Perforations:

Type of perforation	Factory Slotted
Size of perforation	0.02
From _____ feet to _____ feet	_____ feet
From _____ feet to _____ feet	_____ feet
From _____ feet to _____ feet	_____ feet
From _____ feet to _____ feet	_____ feet
From _____ feet to _____ feet	_____ 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:	Number of perfs per linear foot
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____
From _____ feet to _____ feet	_____

5 WATER LEVEL  
Static water level See Notes feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

8 WELL PLUGGING MATERIALS

Material Used	Quantity	Notes
From 0 feet to Bottom feet <u>Neat Cement</u>	<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	

6 Additional Notes or Comments

Well ID	Depth Drilled	Static WL
MW-5	30.44	16.11
MW-6	25.32	16.12
MW-1	28.04	15.60
MW-2	28.41	15.62
MW-3	27.75	15.19
MW-4	28.14	15.65

Neat Cement Fluid Weight 94 lbs/gal 5  
Bentonite Grout \_\_\_\_\_ % bentonite  
Date Started 24-Apr  
Date Completed 24-Apr

MW-5 115°06 968 / 36 11 101  
MW-6 115°06 971 / 36 11 086  
MW-1 115°06 995 / 36 11 105  
MW-2 115°06 982 / 36 11 104  
MW-3 115°06 980 / 36 11 099  
MW-4 115°06 979 / 36 11 104

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 \_\_\_\_\_ Contractor  
Address 570 Corinthian Way Contractor  
N. Las Vegas, NV 89030  
Nevada contractor's license number \_\_\_\_\_  
issued by the State Contractor's Board 0012852  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller \_\_\_\_\_  
2057-T4  
Signed \_\_\_\_\_  
By driller performing actual drilling on site or contractor  
Date 4/24/2008

**DCNR/DWR  
RECEIVED**  
MAY 01 2008  
**LAS VEGAS OFFICE**