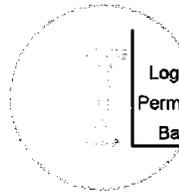


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S PLUGGING REPORT



OFFICE USE ONLY

Log No. 106581
Permit No. _____
Basin 153

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 62177

1 OWNER Eureka County Ambulance Bay ADDRESS AT WELL LOCATION 411 North Main Street
MAILING ADDRESS P.O. Box 677 Eureka EUREKA NV 89316
NV 89316 Subdivision Name: N/A County: Eureka

2 LOCATION NW 1/4 SW 1/4 Sec 13 T 19N SR 53 E Latitude N 39° 31.006' UTM E NAD 27
PERMIT/WAIVER No. MO 1088-A 101-035-05 Longitude W 115° 57.747' N NAD 83 WGS 84
WGS 84 Issued by Water Resources Parcel No. _____

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor MW 7 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 #? 70060

4 EXISTING WELL CONSTRUCTION

Depth Drilled 16 Feet Depth Cased 15.5 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>sch 40</u>	<u>0</u>	<u>15.5</u>

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: _____

Existing Perforations:

Type of perforation	Size of perforation	From	To
<u>slotted screened</u>	<u>0.020</u>	<u>5.5</u> feet to <u>15.5</u> feet	

Type of perforator used: _____

From	To	Number of perfs per linear foot

5 WATER LEVEL

Static water level 7' MIN feet below land surface
Artesian flow NO G.P.M. _____ P.S.I. _____
Water temperature Warm °F Quality Murky

8 WELL PLUGGING MATERIALS

From	To	Material Used	Pumped	Poured
<u>1/2</u>	<u>0</u>	<u>now shrink grout</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>15 1/2</u>	<u>1/2</u>	<u>neat cement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments

MW # 7

Facility ID # F-001166

WGS 84 N 39° 31.006'
W 115° 57.747'

Neat Cement Fluid Weight 24 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 4/8/08
Date Completed 4/8/08

89516944
W 115.967552 NAD27

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
RENO NV 89502
Nevada contractor's license number C.E. 4186 (Peronella)
issued by the State Contractor's Board
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 4/10/08