

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

OFFICE USE ONLY

Log No. 106585  
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. 621722

1 OWNER Eureka County Ambulance Bay ADDRESS AT WELL LOCATION 310 North Main Street  
MAILING ADDRESS P.O. Box 677 Eureka NV 89316  
Eureka NV 89316 Subdivision Name: \_\_\_\_\_ County: Eureka

2 LOCATION NW 1/4 SW 1/4 Sec 13 T 19 N SR 53 E Latitude N 39° 30.958' UTM E  NAD 27  
PERMIT/WAIVER No. 101-036-05 Longitude W 115° 57.727' N  NAD 83 WGS 84  
Issued by Water Resources Parcel No. WGS 84

3 TYPE OF WELL  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor MW 2  Stock  
Is this well being plugged because a replacement well was drilled? NO  
If yes, what is replacement well NO? -  
Is there an existing well log? NO  
If yes, what is NDWR well log #? \_\_\_\_\_

4 EXISTING WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased 18.5 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>18.5</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: \_\_\_\_\_

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 _____

Existing Perforations:

Type of perforation slotted screen

Size of perforation 0.020

From <u>8.5</u> feet to <u>18.5</u> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

5 WATER LEVEL

Static water level 9 feet below land surface

Artesian flow NO G.P.M. - P.S.I. \_\_\_\_\_

Water temperature warm °F Quality Murky

8 WELL PLUGGING MATERIALS

Material Used

From <u>18.5</u> feet to <u>0</u> 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

Neat Cement Fluid Weight 24 lbs/gal

Bentonite Grout \_\_\_\_\_ % bentonite

Date Started 4/8/08

Date Completed 4/8/08

6 Additional Notes or Comments

MW # 2

Facility I.D. # F-001166

WGS 84 N 39° 30.958'

W 115° 57.727'

N 39.516044

W 115.961219 NAD83

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 (Pezonella)

issued by the State Contractor's Board

Nevada driller's license number issued by the M-1976

Division of Water Resources, the on-site driller

Signed Dale Lehman By driller performing actual drilling on site or contractor

Date 4/10/08

USE ADDITIONAL SHEETS IF NECESSARY