

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

OFFICE USE ONLY
Log No. 107243
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. 33695

1 OWNER Valley Health System LLS ADDRESS AT WELL LOCATION 620 Shadow Lane, Las Vegas NV 89106
MAILING ADDRESS 620 Shadow Lane DW-4
Las Vegas NV 89106 Subdivision Name: _____ County: Clark

2 LOCATION NW ¼ SW ¼ Sec 33 T 22S N/S R 61 E Latitude 36 09816 UTM E NAD 27
PERMIT/WAIVER No. DW-1257 139-33-311-001 Longitude 115 10003 N NAD 83/WGS 84
Issued by Water Resources Parcel No.

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

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

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	28.55	.322	+2	40

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

Existing Perforations:

Type of perforation	factory slotted
Size of perforation	0.02
From <u>10</u> feet to <u>40</u> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforater used: W/A
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 21 feet below land surface
Artesian flow n/a G.P.M. n/a P.S.I.
Water temperature n/a °F Quality good

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments
.5 Yards Cement

From	feet to	Material Used	Pumped	Poured
0	40	neet cement	<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"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight 94 lbs/gal 5.2
Bentonite Grout _____ % bentonite
Date Started 6/6/2008
Date Completed 6/6/2008

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 WDC Exploration & Wells 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-T-4
Signed _____
By _____ performing actual drilling on site or contractor
Date 7/17/2008

