

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

OFFICE USE ONLY 107435

Log No. _____
Permit No. _____
Basin 122
NOTICE OF INTENT NO. 63711

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

1. OWNER **Joe Saval Corp, LLC**
MAILING ADDRESS **P.O. Box 296**
Battle Mtn, NV 89820
ADDRESS AT WELL LOCATION **McCoy Ranch, Dixie Valley**
Battle Mtn, NV 89820
Subdivision Name: _____ County: **Lander**

2. LOCATION **NW¼SE¼ Sec30T26N/X R39E**
Latitude **40.08901N** UTM E _____ NAD 27
Longitude **-117.61328W** N _____ NAD 83/WGS 84
PERMIT/WAIVER NO. _____ Parcel No. _____
Issued by Water Resources

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? 63710
Is there an existing well log? Yes No
If yes, what is NDWR well log #? _____

4. EXISTING WELL CONSTRUCTION
Depth Drilled **84** Feet Depth Cased **84** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	84

Existing Perforations:
Type of perforation unknown
Size of perforation unknown
From _____ feet to _____ feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **43** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality **unknown**

6. Additional Notes or Comments
Perforated well from bottom to top of well with Mills Knife. Pumped cement from bottom to top of well.

N 40.089095
W 117.61331 NAD27

STATE ENGINEERS OFFICE
2008 DEC -2 AM 11:16
RECEIVED

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: **Mills Knife**
From **0** feet to **84** feet Number of perms per linear foot **4**
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____

8. WELL PLUGGING MATERIALS

Material Used

From	To	Material	Pumped	Poured
0	84	Neat Cement	<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight **15.6** lbs/gal
Bentonite Grout _____ % bentonite

Date Started **10/17/08**
Date Completed **10/17/08**

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 **Parsons Drilling, Inc.**
(CONTRACTOR)

Address **P.O. Box 1265**
(CONTRACTOR)
Fallon, NV 89407-1265

Nevada contractor's license number issued by the State Contractor's Board **29064**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2307**

Signed _____
By driller performing actual drilling on site or contractor

Date **11/14/08**