

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

OFFICE USE ONLY
Log No. **107850**
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: **33378**

1 OWNER **Public Right of Way** ADDRESS AT WELL LOCATION **Public Right of Way on Flamingo Rd.**
MAILING ADDRESS **500 South Grand Central Parkway** Las Vegas, NV
Lv, NV 89101 Subdivision Name **Flamingo** County **Clark**

2 LOCATION NE 1/4 NW 1/4 Sec 21 T 21S N35R 62 E Latitude **36 06'53.927"** UTM NAD 27
PERMIT/WAIVER No. **DW-1283** **16121199001** Longitude **115 03'38.987"** N NAD 83/WGS 84

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

4 EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	30

Existing Perforations:

Type of perforation	Size of perforation	From	To
machine slot	0.032	feet to 10	feet to 30

5 WATER LEVEL

Static water level **12** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments

Dewatering Well #15

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

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
0	10	feet	Concrete grout	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Neat Cement Fluid Weight **94/7** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **12/17/2008**
Date Completed **12/17/2008**

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 **Viking Drillers Inc.** Contractor
Address **801 Northport Dr.** Contractor
West Sacramento, CA 95691

Nevada contractor's license number issued by the State Contractor's Board **0034680**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **DEW-2361**

Signed _____
By driller performing actual drilling on site or contractor
Date **1/7/2009**

(Rev. 05-06)

**DCNR/DWR
RECEIVED**

JAN 20 2009

LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY