

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

OFFICE USE ONLY
Log No. **107857**
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. **33377**

1 OWNER **County of Clark** ADDRESS AT WELL LOCATION **0 Whitney**
MAILING ADDRESS **500 South Grand Central Parkway**
Las Vegas, Nv 89101 Subdivision Name: **Whitney** County: **Clark**

2 LOCATION NW ¼ SW ¼ Sec 26 T 21S N/S R 62 E Latitude **36 05' 29.47"** UTM E NAD 27
PERMIT/WAIVER No. **DW-1287** **16126701001** Longitude **115 01' 15.54"** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3 *Temp Decontaminating* TYPE OF WELL Is this well being plugged because a replacement well was drilled? **N** Is there an existing well log? **y**
 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 **30** Feet Depth Cased **30** 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	30	feet
			feet

5 WATER LEVEL
Static water level **8** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments

DCNR/DWR RECEIVED
JAN 20 2009
LAS VEGAS OFFICE

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 checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	0	10	concrete grout		
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input 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 _____
Date **1/16/2009**
By driller performing actual plugging on site or contractor