

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

OFFICE USE ONLY
Log No. **108177**
Permit No. _____
Basin _____

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. **32174**

1 OWNER **R.H.D.H. PROPERTIES LLC** ADDRESS AT WELL LOCATION **1600 N. RANCHO DR. LAS VEGAS NV.**
MAILING ADDRESS **C/O LAW DEPT. 399 WALL ST. # H GLENDALE HEIGHTS ILL. 60134** Subdivision Name: _____ County: **CLARK**
2 LOCATION **SW 1/4 SW 1/4 Sec 20 T 20 N/S R 61 E** Latitude **36° 11.335' N** UTM E NAD 27
PERMIT/WAIVER No. **139-20-411-005** Longitude **115° 11.131' W** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor 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	Feet
5		5	

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SCH 40	0	5

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: _____

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet
MACHINE SORT	.020	4		5

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
From	feet to	feet	Number of perms per linear foot

5 WATER LEVEL

Static water level **NONE** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 0	feet to 1.25	feet	ASPHALT	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 1.25	feet to 1.5	feet	CONCRETE	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 1.5	feet to _____	feet	BENTONITE	<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

6 Additional Notes or Comments
FACILITY I.D. NO. 8-000609

Neat Cement Fluid Weight *** 13** lbs/gal
Bentonite Grout **+ 20** % bentonite
Date Started **3-16-2009**
Date Completed **3-16-2009**

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 **EAGLE DRILLING** Contractor
Address **7150 PLACID ST LAS VEGAS NV 89119** Contractor

Nevada contractor's license number issued by the State Contractor's Board **51266**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2357**
Signed **Mud/Winter**
Date **3-23-2009**
By driller performing actual drilling on-site or contractor

DCNR/DWR RECEIVED
MAR 30 2009
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05/06)