

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

OFFICE USE ONLY **108438**
 Log No.
 Permit No.
 Basin **101**

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. **63769-1**

1. OWNER **A & K Earth Movers, Inc.** ADDRESS AT WELL LOCATION **Maine Street**
 MAILING ADDRESS **P.o. box 1059** **Fallon, NV 89406**
SE Fallon, NV 89407-1059 *NE 733* **Subdivision Name:** _____ **County:** **Churchill**
 2. LOCATION **SW 1/4 NW 1/4 Sec 31 T19N R29E** Latitude **39.46915** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **DEW-77** Longitude **-118.72723** 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? Yes No
 If yes, what is replacement well NOI? _____
 Is there an existing well log? Yes No
 If yes, what is NDWR well log #? **unknown**

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)
8.625	8.76	.508	0	30

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 **Well Screen**
 Size of perforation **.032**

From	feet to	feet	feet
10		30	

From	feet to	feet	Number of perfs per linear foot

5. WATER LEVEL
 Static water level: **4** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F Quality **unknown**

6. Additional Notes or Comments

8. WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
0		30	cement		
				<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
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

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

Date Started **7/20/09**
 Date Completed **7/20/09**

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 **1753**

Signed *W. Parsons*
 By driller performing actual drilling on site or contractor
 Date **8/17/09**

39.469232° N
118.727247° W
NAD 27 (A)

75:0117 07:00
 17530007

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY