

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

OFFICE USE ONLY **108890**

Log No. _____
 Permit No. _____
 Basin **181**

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. **64490**

1. OWNER **Tony & Lisa Jorgenson**
 MAILING ADDRESS **3624 Lolita Dr**
Concord, CA 94519
 ADDRESS AT WELL LOCATION **6940 Victor Drive**
Fallon, NV 89406
 Subdivision Name: _____ County: **Churchill**

2. LOCATION **NW 1/4 NW 1/4 Sec 31 T20N/ R28E**
 PERMIT/WAIVER NO. **009-381-15**
 Issued by *Water Resources* Parcel No. _____
 Latitude **39.55940N** UTM E NAD 27
 Longitude **-118.89238W** N NAD 83/WGS 84

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? **63778**
 Is there an existing well log? Yes No
 If yes, what is NDWR well log #? **unknown**

4. EXISTING WELL CONSTRUCTION
 Depth Drilled **28** Feet Depth Cased **unknown** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.250	unknown	unknown

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

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	feet to	feet	Number of perfs per linear foot
1	28	feet	6

5. WATER LEVEL
 Static water level: **19** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F Quality **unknown**

8. WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	
10	28	feet	20% Grout	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
			Neat Cement	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
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				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Neat Cement Fluid Weight **15.6** lbs/gal
 Bentonite Grout **20** % bentonite
 Date Started **6/11/09**
 Date Completed **6/11/09**

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 **2285**

Signed **Gabe King**
 By driller performing actual drilling on site or contractor
 Date **6/16/09**

39.559485°N
118.891390°W
NAD 27
TA

2009 JUL 15 AM 11:08
 STATE ENGINEER'S OFFICE