

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

OFFICE USE ONLY
Log No. 109399
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. 33875

1 OWNER CITY OF LAS VEGAS
MAILING ADDRESS 4000 STEWART AVE
LV NV 89101

ADDRESS AT WELL LOCATION PUBLIC RIGHTWAY
CITY OF LAS VEGAS
Subdivision Name: _____ County: CLARK

2 LOCATION NW 1/4 NW 1/4 Sec 26 T 20 N 36 R 61 E
PERMIT/WAIVER No. 8000009 113926199005
Issued by Water Resources Parcel No. _____

Latitude 36.111057 UTM E _____
Longitude 115.075102 N _____
 NAD 27
 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? _____
If yes, what is replacement well No? _____
Is there an existing well log? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ 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: _____

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	NPC	5/8x40	0	25

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: _____

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet
		From		

Type of perforator used:

From	feet to	feet	Number of perfs per linear foot
From			

5 WATER LEVEL
Static water level 1 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

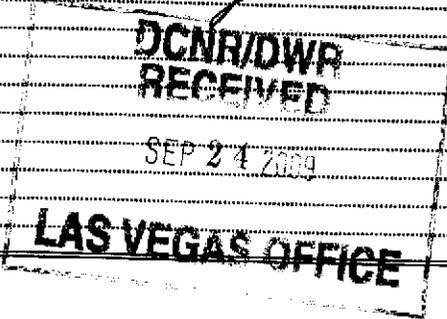
6 Additional Notes or Comments

Material Used

From	feet to	feet	Material	Pumped	Poured
From <u>0</u>	feet to <u>25</u>	feet <u>3/4</u>	<u>Hole Plug</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From				<input type="checkbox"/>	<input type="checkbox"/>
From				<input type="checkbox"/>	<input type="checkbox"/>
From				<input type="checkbox"/>	<input type="checkbox"/>
From				<input type="checkbox"/>	<input type="checkbox"/>
From				<input type="checkbox"/>	<input type="checkbox"/>

REMOVAL OF WELL BOV
PULLED CASING 2" X 0' X 25'
FILLED FROM BOTTOM
TO TOP WITH HOLE PLUG
3/4"

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 9-23-09
Date Completed 9-23-09



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 Eagle Drilling Contractor
Address 7150 PLACID STREET Contractor
Las Vegas NV 89119
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 2097
Signed _____
By driller performing actual drilling on site or contractor
Date 9-28-09