

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

OFFICE USE ONLY 110057
Log No. _____
Permit No. _____
Basin 103

**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. 64168

1 OWNER JOEY SBRAGIA ADDRESS AT WELL LOCATION 20 WEST MAIN ST
MAILING ADDRESS 650 PIKE ST DAYTON NV 89403
Subdivision Name: _____ County: Lyon

2 LOCATION NW ¼ 18N ¼ Sec 23 T 18N N/S R 21 E Latitude 39.23667°N UTM E NAD 27
PERMIT/WAIVER No. SE 006-057-07 Longitude 119.59004°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 Is there an existing well log? NO
If yes, what is replacement well NOI? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled 44 Feet Depth Cased 44 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>44</u>

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

Existing Perforations:

Type of perforation N/A

From	Size of perforation	feet to	feet
	<u>N/A</u>		

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
<u>21</u>	<u>36</u>	<u>feet</u>	<u>4</u>

5 WATER LEVEL

Static water level 20 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 type="checkbox"/> Poured
<u>0</u>	<u>44</u>	<u>feet</u>	<u>NEAT CEMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments

PLACED TRIMMIE PIPE TO BOTTOM OF WELL AND PUMPED FULL OF NEAT CEMENT

2009 MAY 19 AM 10:53
39.237°N NAD 27 D.D.
119.589°W

Neat Cement Fluid Weight 94/4 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 04/16/2009
Date Completed 04/30/2009

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 CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC. Contractor
Address # 20 KIT KAT DRIVE Contractor
CARSON CITY NV 89706

Nevada contractor's license number issued by the State Contractor's Board 0055548
Nevada driller's license number issued by the Division of Water Resources the on-site driller 1905

Signed Michael H. Jack By driller performing actual drilling on site or contractor
Date 05/13/2009

(Rev. 05-00)

USE ADDITIONAL SHEETS IF NECESSARY