

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

OFFICE USE ONLY
Log No. 111204
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. 35232

1 OWNER Clark County (Public Right of Way)
MAILING ADDRESS 500 S. Grand Central Pkwy
Las Vegas, NV 89122-5507

ADDRESS AT WELL LOCATION Public Right of Way (Deer St.)
Subdivision Name: _____ County: Clark

2 LOCATION NW 1/4 SW 1/4 Sec 18 T 16S N/S R 68 E
PERMIT/WAIVER No. DW-1299 7118399001
Issued by Water Resources Parcel No.

Latitude 36 32'21.63 UTM E _____ NAD 27
Longitude 114 26'15.59 N _____ NAD 83/WGS 84

3 *Temp decontaminating*
 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 NOI? _____
Is there an existing well log? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 40 Feet Depth Cased 40 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)
8	6	3/8	0	40

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

Existing Perforations:
Type of perforation machine slotted
Size of perforation 0.032
From 20 feet to 40 feet
From _____ feet to _____ feet

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used: _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____

5 WATER LEVEL
Static water level _____ 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

#36 well

APR 23 2010
LAS VEGAS OFFICE

Material Used		<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From <u>0</u> feet to <u>12</u> feet	<u>concrete grout</u>	<input type="checkbox"/> Pumped	<input checked="" 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
From _____ feet to _____ feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Neat Cement Fluid Weight 94/7 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 3/25/2010
Date Completed 3/25/2010

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 Viking Drillers Inc Contractor
Address 801 Northport Dr. Contractor
Sacramento, CA 95691
Nevada contractor's license number 0034680
issued by the State Contractor's Board
Nevada driller's license number issued by the DEW-2361
Division of Water Resources, the on-site driller
Signed _____
By driller performing actual drilling on site or contractor
Date 4/14/2010