

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

OFFICE USE ONLY
Log No. 111289
Permit No. 089
Basin 089

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. **65442**

1. OWNER **David LeBlanc** ADDRESS AT WELL LOCATION **805 Old Ophir Rd.**
MAILING ADDRESS **805 Old Ophir Rd.** **Carson City NV, 89704**
Carson City NV, 89704 **Subdivision Name: Washoe Terrace County: Washoe**

2. LOCATION **SE 1/4 SE 1/4 Sec 23 T17 N R19 E** Latitude **39.31780** UTM E NAD 27
PERMIT/WAIVER NO. **R647** Parcel No. **050-233-10** Longitude **119.81053** 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? **65443**
Is there an existing well log? Yes No
If yes, what is NDWR well log #? **92034**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **155 Feet** Depth Cased **155 Feet**

| EXISTING CASING SCHEDULE | | | | |
|--------------------------|---------------------|-------------------------|-------------|-----------|
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
| 6 5/8 | 12.9 | .188 | +2 | 155 |
| | | | | |
| | | | | |

Existing Perforations:
Type of perforation **Wire Wrap Screen**
Size of perforation **.030**
From **125** feet to **145** 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:
Well Collapsed and could not clean out to bottom

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 **106** feet to **50** feet Number of perfs per linear foot **4**
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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____

5. WATER LEVEL
Static water level: **20** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality **not tested**

8. WELL PLUGGING MATERIALS

| Material Used | | |
|--|--------------------|--|
| From 106 feet to 20 feet | crumbles | <input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| From 20 feet to 0 feet | neat cement | <input checked="" 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 **15** lbs/gal
Bentonite Grout **20** % bentonite

Date Started **6/25/10**
Date Completed **6/25/10**

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 **Bruce MacKay Pump & Well Service, Inc.**
(CONTRACTOR)
Address **1600 Mt Rose Hwy.**
(CONTRACTOR)

Reno, NV 89511
Nevada contractor's license number issued by the State Contractor's Board **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**

Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor

Date **6/28/10**

6. Additional Notes or Comments

39.317, 890° N NAD27 D.D.
119.809, 510° W

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STATE ENGINEERS OFFICE

plugs well log # 92034