

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

OFFICE USE ONLY
Log No. 111335
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

1 OWNER HJSELLC

NOTICE OF INTENT NO. 35374

MAILING ADDRESS 2228 Echeverria Ave
Las Vegas NV 89030

ADDRESS AT WELL LOCATION 1525 N. DE CHT VR
Las Vegas NV

2 LOCATION NE 1/4 Sec 25 T 20 NSR 60E

Subdivision Name: _____ County: Clark

PERMIT/WAIVER No. M02787 | 1382551800

Latitude 36.11 14 35 Longitude 115 12 29 29 UTM E _____ N _____

3 TYPE OF WELL
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

Is this well being plugged because a replacement well was drilled? _____
If yes, what is replacement well NOI? _____
Is there an existing well log? yes
If yes, what is NDWR well log #? 80602

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)
<u>2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>25</u>

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:

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet

Additional Perforations:

Type of perforator used:	From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL
Static water level 19.5 feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature _____ °F Quality _____

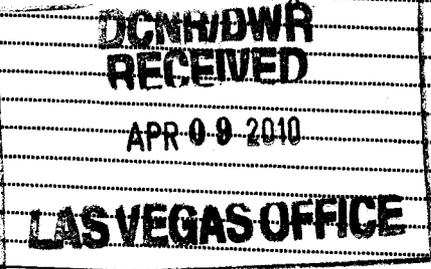
8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<u>0</u>	<u>25</u>	<u>feet</u>	<u>Hold Plug</u>	<input type="checkbox"/>	<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"/>

REMOVAL OF WELL BOX
PULLED CASING 2X OX
Filled FROM
BOTTOM
TO TOP WITH
Hold Plug 3/4

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 7-14-09
Date Completed 7-14-09



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 ST Contractor
Las Vegas NV 89119
Nevada contractor's license number 51266
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2097
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7-16-09