

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

OFFICE USE ONLY  
Log No. 111707  
Permit No. 35318  
Basin 102

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. 66210

1. OWNER **Michael & Vicki Jackson** ADDRESS AT WELL LOCATION **1340 West 5th St. #14**  
MAILING ADDRESS **8175 Arville St. #63** **Silver Springs, NV**  
**Las Vegas NV, 89139** **Subdivision Name: MT. View #3** **County: Lyon**

2. LOCATION **SW 1/4 SE 1/4 Sec 12 T 17 N R 24 E** Latitude **39.34653** UTM E  NAD 27  
PERMIT/WAIVER NO. **35318** Parcel No. **017-133-09** Longitude **119.23894** N  NAD 83/WGS 84  
*Issued by Water Resources*

3. TYPE OF WELL  
 Domestic  Irrigation  Test  Stock  
 Municipal/Industrial  Monitor  Stock  
Is this well being plugged because a replacement well was drilled?  Yes  No  
If yes, what is replacement well NOI?  
Is there an existing well log?  Yes  No  
If yes, what is NDWR well log #? **17622**

4. EXISTING WELL CONSTRUCTION  
Depth Drilled **96** Feet Depth Cased **96** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	96

Existing Perforations:  
Type of perforation **Factory**  
Size of perforation **3 X 3/32**  
From **74** feet to **94** feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

5. WATER LEVEL  
Static water level: **65** feet below land surface  
Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: **cool** °F Quality \_\_\_\_\_

6. Additional Notes or Comments  
**Trimie & Pumped 2.25 yds of neat cement from bottom to top.**

*NAD-27 GPS*  
*39.346613°N*  
*119.237947°W*  
*Plugging of Well Log # 17622.*

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  
If casing was left in place, please show where additional perforations were made:  
Additional Perforations:  
Type of perforator used: **Mills Knife**  
From **74** feet to **50** feet Number of perms per linear foot **4**  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_

8. WELL PLUGGING MATERIALS

Material Used			
Neat			
From <b>96</b> feet to <b>0</b> feet	<b>Neat cement</b>	<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
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 \_\_\_\_\_ % bentonite

Date Started **8-12-10**  
Date Completed **8-12-10**

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 **2299**

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

Date **8-13-10**