

05-6

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

OFFICE USE ONLY
Log No. **111950**
Permit No. _____
Basin **212**

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 **32456**

1 OWNER **SPOAKS**
MAILING ADDRESS **3620 W SARAH W Las Vegas NV**

ADDRESS AT WELL LOCATION **3620 SARAH W PL**
Subdivision Name: _____ County: **CLARK**

2 LOCATION **SW 1/4 SW 1/4 Sec 05 T 21 N R 61 E**
PERMIT/WAIVER No **17-000789** **16205402001**

Latitude **36-08-46.00** UTM E NAD 27
Longitude **115-11-29.36** 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? _____
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 **20** Feet Depth Cased **20** Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
3 1/4	PVC	5/8 x 40	0	20

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 _____
Size of perforation _____
From _____ feet to _____ 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 **14** 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
REMOVAL OF WELL BOX
PULLED CASING
PLUGG FROM
Bottom
TO
TOP WITH
QUIK GROUT
RECEIVED
JUL 23 2010

Material Used				Pumped	Poured
From 0 feet to 20 feet	QUIK	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
From _____ feet to _____ feet	GROUT	<input type="checkbox"/>	<input type="checkbox"/>		
From _____ feet to _____ feet		<input type="checkbox"/>	<input type="checkbox"/>		
From _____ feet to _____ feet		<input type="checkbox"/>	<input type="checkbox"/>		
From _____ feet to _____ feet		<input type="checkbox"/>	<input type="checkbox"/>		
From _____ feet to _____ feet		<input type="checkbox"/>	<input type="checkbox"/>		

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite

Date Started **7-12-10**
Date Completed **7-12-10**

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 **Eagle Drilling** Contractor
Address **7150 PLACID STREET Las Vegas NV 89149** Contractor
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 _____
By driller performing actual drilling on site or contractor
Date **7-15-10**