

AP 8

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

OFFICE USE ONLY
Log No. **111955**
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 **34485**

1 OWNER **SPOAKS** ADDRESS AT WELL LOCATION **3620 SARAHAA W BLVD**
MAILING ADDRESS **3620 W SARAHAA** Subdivision Name: _____ County: **CLARK**
Las Vegas NV
2 LOCATION **SW 1/4 SW 1/4 Sec 05 T 21 N R 61 E** Latitude **36 05 45 62** UTM E NAD 27
PERMIT/WAIVER No **11-000789** **162 05 402 001** Longitude **115 11 26 14** 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? **yes** If yes, what is NDWR well log #? **70581**

4 EXISTING WELL CONSTRUCTION
Depth Drilled **65** Feet Depth Cased **65** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	PVC	5/8"	40	65

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: _____

Existing Perforations:

From	Type of perforation	Size of perforation	feet to	feet
From				

Additional Perforations:

From	Type of perforater used:	feet to	feet	Number of perms per linear foot
From				

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

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 0	feet to 65	feet	Hold Plug	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From	feet to	feet	3/8"	<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"/>

6 Additional Notes or Comments
REMOVAL OF WELL BAR
PULLED CASING
PLUGG FROM
Bottom
TO
TOP WITH
Hold Plug 3/8"
DNWR RECEIVED
JUL 21 2010

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started **7-9-10**
Date Completed **7-9-10**

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** 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 **2097**
Signed _____ By driller performing actual drilling on site or contractor
Date **7-15-10**

(Rev 0508)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE