

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

OFFICE USE ONLY
Log No. 112158
Permit No. _____
Basin 710A

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. **66224**

1. OWNER **Walker River Indian Reservation** ADDRESS AT WELL LOCATION **Schurz, NV**
MAILING ADDRESS **Schurz, NV**

2. LOCATION SW 1/4 NE 1/4 Sec 35 T13N R28E Subdivision Name: _____ County: **Mineral**
PERMIT/WAIVER NO. **R-653** Latitude **N38.94853** UTM E _____ NAD 27
Longitude **W118.81883** 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? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? **14696**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **370** Feet Depth Cased **370** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10"	31.2	.279	0	370

Existing Perforations:
Type of perforation Johnson Screen
Size of perforation .070
From 350 feet to 365 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: _____

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 perforater 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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____

5. WATER LEVEL
Static water level: **66** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality _____

8. WELL PLUGGING MATERIALS

From		feet to		feet	Material Used	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
370	20	20	0	feet	bentonite	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	0	0	0	feet	cement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				feet		<input type="checkbox"/>	<input type="checkbox"/>
				feet		<input type="checkbox"/>	<input type="checkbox"/>
				feet		<input type="checkbox"/>	<input type="checkbox"/>
				feet		<input type="checkbox"/>	<input type="checkbox"/>
				feet		<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout **20** % bentonite
Date Started **10-4-10**
Date Completed **10-7-10**

6. Additional Notes or Comments

38.948610°N
118.817857°W
NAD 27 (T0)

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 **10-7-10**