

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

OFFICE USE ONLY  
 Log No. 112756  
 Permit No. \_\_\_\_\_  
 Basin 110A

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. **66225**

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

2. LOCATION SW 1/4 NE 1/4 Sec 35 T13 N / R38 E <sup>28E</sup> Subdivision Name: \_\_\_\_\_ County: **Mineral**  
 PERMIT/WAIVER NO. **R-653** Latitude **N38.94917** UTM E \_\_\_\_\_ NAD 27 \_\_\_\_\_  
 Issued by Water Resources Parcel No. \_\_\_\_\_ Longitude **W118.81815** 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 NO? \_\_\_\_\_  
 Is there an existing well log?  Yes  No  
 If yes, what is NDWR well log #? **10355**

4. EXISTING WELL CONSTRUCTION  
 Depth Drilled **100** Feet Depth Cased **100** Feet  
 EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	25	.280	0	100

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: \_\_\_\_\_

Existing Perforations:  
 Type of perforation **Johnson Screen**  
 Size of perforation **#25 slot**

From <b>84</b> feet to <b>94</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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: **69** 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
From <b>100</b>	feet to <b>20</b>	feet	<b>bentonite</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From <b>20</b>	feet to <b>0</b>	feet	<b>cement</b>	<input checked="" 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 **15** lbs/gal  
 Bentonite Grout **20** % bentonite  
 Date Started **10-4-10**  
 Date Completed **10-7-10**

6. Additional Notes or Comments  
 38.949250°N  
 118.817172°W  
 NAD 27 (TA)

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**