

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

OFFICE USE ONLY 112158  
Log No. 112158  
Permit No. 15238  
Basin 104

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. 66223

1. OWNER **Volcano Vision** ADDRESS AT WELL LOCATION **3449 S. Carson St.**  
MAILING ADDRESS **P.O. Box 1070** **Carson City, NV**  
**Pine Grove, CA, 95665** **Subdivision Name: Eagle Valley** **County: Carson**

2. LOCATION **SW¼NW¼ Sec 29 T15N R20E** Latitude **N39.13614** UTM E  NAD 27  
PERMIT/WAIVER NO. **15238/R-652** **009-112-02** Longitude **W119.76860** N  NAD 83/WGS 84  
*Issued by Water Resources Parcel No.*

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled?  Yes  No  
 Domestic  Irrigation  Test  Monitor  Stock  
 Municipal/Industrial  Monitor  Stock  
If yes, what is replacement well NO? If yes, what is NDWR well log #? **2288**

4. EXISTING WELL CONSTRUCTION  
Depth Drilled **150** Feet Depth Cased **143** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	20	5/16	0	143

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:

Existing Perforations:  
Type of perforation **Factory**  
Size of perforation **1/8**

From <b>135</b> feet to <b>143</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: **45** feet below land surface  
Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: **cool** °F Quality \_\_\_\_\_

8. WELL PLUGGING MATERIALS

Material Used

From <b>143</b> feet to <b>20</b> feet	<b>bentonite</b>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From <b>20</b> feet to <b>0</b> feet	<b>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

Neat Cement Fluid Weight **15** lbs/gal  
Bentonite Grout **20** % bentonite

Date Started **10-11-10**  
Date Completed **10-11-10**

6. Additional Notes or Comments  
**Carson Permit #10-815**  
**Forfeited Water Right Permit #15238**

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 **10-12-10**

39.136231°N  
119.767506°W  
NAD 83