

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

OFFICE USE ONLY
Log No. 112722
Permit No. _____
Basin _____

**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. 35233

1 OWNER Clark County (Public Right of Way) ADDRESS AT WELL LOCATION 200 E Virginia
MAILING ADDRESS 500 S. Grand Central Pkwy
Las Vegas, NV 89122-5507 Subdivision Name: _____ County: Clark

2 LOCATION NE 1/4 SE 1/4 Sec 13 T 16S N/S R 67 E Latitude 36 32'25.28 UTM E NAD 27
PERMIT/WAIVER No. DW-1299 7013701017 Longitude 114 26'17.42 N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? no
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 40 Feet Depth Cased 40 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	40

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	Size of perforation	From	feet to	feet
machine slotted	0.032	20	feet to	40

Additional Perforations:

From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL
Static water level _____ 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		
0	feet to	12	concrete grout	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6 Additional Notes or Comments

#46 well

sta 424+00

423+60

**DCNR/DWR
RECEIVED**

SEP 02 2010

Neat Cement Fluid Weight 94/7 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 3/25/2010
Date Completed 3/25/2010

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 Viking Drillers Inc
Contractor
Address 801 Northport Dr.
Contractor
Sacramento, CA 95691

Nevada contractor's license number _____
issued by the State Contractor's Board 0034680

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller DEW-2361

Signed _____
By driller performing actual drilling on site or contractor
Date 7/14/2010