

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

OFFICE USE ONLY
Log No. 113191
Permit No. _____
Basin 101

**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. 66321

1 OWNER Singh Gurdeep & Johal Ravinder ADDRESS AT WELL LOCATION Facility ID: 5-000110 MW-5
MAILING ADDRESS 1325 S. Taylor Street 1325 S. Taylor Street Fallon, NV
Fallon, NV 89406 Subdivision Name: _____ County: Churchill

2 LOCATION SW 1/4 SW 1/4 Sec 31 T 19N N/S R 29 E Latitude 14839252.42 UTM E NAD 27
PERMIT/WAIVER No. 001-461-09 Longitude 2568740.30 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 19 Feet Depth Cased _____ Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>Sch 40</u>		

Existing Perforations:

Type of perforation	Slot
Size of perforation _____	<u>0.02</u>
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

5 WATER LEVEL
Static water level _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments
Used rods to bust out bottom of wells, used tremmie pipe to grout from bottom up. Top off grout and remove surface completions.
* Did not have original well construction information.

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:

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

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used
From <u>0</u>	feet to <u>19</u>	feet	Neat Cement <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
From _____	feet to _____	feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 1/18/2011
Date Completed 1/18/2011

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 Cascade Drilling, L.P. Contractor
Address 3632 Omec Circle Contractor
Rancho Cordova, CA 95742
Nevada contractor's license number _____
issued by the State Contractor's Board 73966
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-1991
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 2/23/2011

USE ADDITIONAL SHEETS IF NECESSARY

N 199291
W 118.780467
NAD 27 TA

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(Rev. 02-06)