

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

OFFICE USE ONLY
Log No. 115148
Permit No. _____
Basin 088

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. 67191

1. OWNER **Andre Munoz** ADDRESS AT WELL LOCATION **6015 Wintergreen Ct.**
MAILING ADDRESS **6015 Wintergreen Ct.** **Reno, NV 89511**
Subdivision Name: **Galene Ter. East County: Washoe**

2. LOCATION **NW 1/4 NE 1/4 Sec 21 T17N R19E** Latitude **N39.37305** UTM E NAD 27
PERMIT/WAIVER NO. NW **045-543-07** Longitude **W119.82580** 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
 Municipal/Industrial Monitor Stock
If yes, what is replacement well NOI? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? **24332**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **180 Feet** Depth Cased **180 Feet**
EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	9.29	.156	0	180

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:
The well tagged at 179'. There is no fill to clean out.

Existing Perforations:
Type of perforation **Factory**
Size of perforation **3/32 x 3**

From	feet to	feet	feet
From 160	feet to	180	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet

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: **None**

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

5. WATER LEVEL
Static water level: **176'** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality **not tested**

8. WELL PLUGGING MATERIALS
Material Used

From	feet to	feet	Material	Pumped	Poured
From 180	feet to	0	7 sack cement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____	feet to	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____	feet to	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

6. Additional Notes or Comments
Washoe county Permit # WL110045
Dated 10/18/11

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started **10-27-11**
Date Completed **10-27-11**

39.373140°N NAD27
119.824778°W Dec/Deg

STATE ENGINEER
21:1 NOV 6-2011

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 **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 **2326**
Signed R. Bruce Mackay
By driller performing actual drilling on site or contractor
Date **10-27-11**