

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

**OFFICE USE ONLY**  
Log No. 115660  
Permit No. 13627, 17099  
Basin 073A

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. 69289 ✓

1 OWNER Lovelock Meadows Water District ADDRESS AT WELL LOCATION Pershing County  
MAILING ADDRESS P.O. Box 1021 Lovelock, NV 89419  
Lovelock, NV 89419 Subdivision Name: \_\_\_\_\_ County: Pershing

2 LOCATION SE ¼ SE ¼ Sec 21 T 29N N/S R 33 E Latitude 40.35918 N UTM E  NAD 27  
PERMIT/WAIVER No. 13627 Longitude 118.26782 W 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? no Is there an existing well log? Yes  
 Domestic  Irrigation  Test  Municipal/Industrial  Monitor  Stock If yes, what is replacement well NOI? \_\_\_\_\_ If yes, what is NDWR well log #? 1598

4 EXISTING WELL CONSTRUCTION  
Depth Drilled 442 Feet Depth Cased 442 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14	48	5/16	442	0

Existing Perforations:

Type of perforation	Size of perforation	Mill Knife
From <u>92</u> feet to <u>442</u> feet	<u>3 X 1/2"</u>	
From _____ feet to _____ feet		
From _____ feet to _____ feet		
From _____ feet to _____ feet		
From _____ feet to _____ feet		

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: Mill Knife

From	feet to	feet	Number of perfs per linear foot
<u>0</u>	<u>92</u>	<u>6</u>	
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 Unknown

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<u>442</u>	<u>50</u>	<u>3/8" Hole Plug</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
<u>50</u>	<u>0</u>	<u>Neat Cement</u>	<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	

6 Additional Notes or Comments  
Installed 3/8" Hole plug from 442' to 50'. Neat Cement from 50' to 0'

Neat Cement Fluid Weight 15.6 lbs/gal  
Bentonite Grout \_\_\_\_\_ % bentonite  
Date Started 9/10/2012  
Date Completed 9/11/2012

RECEIVED  
 10/15/2012  
 STATE ENGINEERS OFFICE  
 1000 SOUTH MAIN STREET  
 CARSON CITY, NV 89401

Plugs well log 1598

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 Parsons Drilling, Inc. Contractor  
Address P.O. Box 1265 Contractor  
Fallon, NV 89407  
Nevada contractor's license number issued by the State Contractor's Board 29064  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2285  
Signed Wayne Parsons By driller performing actual drilling on site or contractor  
Date 10/15/2012