

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

OFFICE USE ONLY
Log No. 116920
Permit No. _____
Basin TC1

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. 64729

1 OWNER Ruth Rose
MAILING ADDRESS 1205 S Main St Spce 28
Fallon NV 89406

ADDRESS AT WELL LOCATION 6040 Westwind
Fallon NV 89406
Subdivision Name: _____ County: Churchill

2 LOCATION NE 1/4 SE 1/4 Sec 19 T 19 N34 R 28 E
PERMIT/WAIVER No. 008-152-52
Issued by Water Resources Parcel No. _____

Latitude _____ UTM E 0338696 NAD 27
Longitude _____ N 4373132 NAD 83/WGS 84

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

Is this well being plugged because a replacement well was drilled? Yes
If yes, what is replacement well NO? 64728
Is there an existing well log? NO
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
EXISTING CASING SCHEDULE			
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (inches)	From (Feet) To (Feet)
<u>8 5/8</u>		<u>.188</u>	<u>+1 30</u>

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: _____

Existing Perforations:
Type of perforation TOUCH CUT
Size of perforation _____
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 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 29' feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

From	feet to	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From <u>0</u>	feet to <u>30</u>	<u>Neat cement</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6 Additional Notes or Comments

Neat Cement Fluid Weight 14.9 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 5-9-13
Date Completed 5-9-13

Vertical stamp: DIVISION OF WATER RESOURCES OFFICE
Plugs unknown well leg
orig. replaced by leg #
116919
NVAD27
39.49456500
119.87582600

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 Walsco drilling Contractor
Address P.O. Box 888 Contractor
Fallon NV 89406
Nevada contractor's license number _____
Issued by the State Contractor's Board 11752
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199
Signed Jean Morrison
By driller performing actual drilling on site or contractor
Date 5-13