

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

OFFICE USE ONLY
 Log No. **117519**
 Permit No. _____
 Basin **212**

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. **36620**

1 OWNER **Antoku Dahlas & Mieko Tr Antoku Mieko V Trs** ADDRESS AT WELL LOCATION **1253 Vegas Valley Dr**
 MAILING ADDRESS **2020 Clement St** **MW-8** **Winchester**
Honolulu, HI 96822-3328 Subdivision Name: _____ County: **Clark**

2 LOCATION **NW 1/4 SW 1/4 Sec 11 T 21S N/S R 61 E** Latitude **36 08'12.44"N** UTM E NAD 27
 PERMIT/WAIVER No. **R-1593** **162-11-301-002** Longitude **115 08'09.49"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? **N/A**
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well NO? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
 Depth Drilled **N/A** Feet Depth Cased **20** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5		Sch 40	0	20

Existing Perforations:

Type of perforation	Factory Slotted
From 5 feet to 20 feet	0.01
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: **N/A**

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	_____

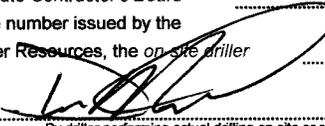
5 WATER LEVEL
 Static water level **9.55** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F Quality _____

8 WELL PLUGGING MATERIALS

From _____ feet to _____ feet	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From 1 feet to 20 feet	Cement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From 0 feet to 1 feet	Concrete	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments
Knocked out bottom. Tremie Neat Cement from bottom up
Pull Casing, Top off, Concrete cap

Neat Cement Fluid Weight **94/5.2** lbs/gal
 Bentonite Grout _____ % bentonite
 Date Started **21-Feb**
 Date Completed **2/21/2013**

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 **4590 Copper Sage St** Contractor
Las Vegas, NV 89115
 Nevada contractor's license number issued by the State Contractor's Board **C23-0073966**
 Nevada driller's license number issued by the Division of Water Resources, the on site driller **2381**
 Signed 
 Date **2-26-13**
By driller performing actual drilling on site or contractor