

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

OFFICE USE ONLY

Log No. 119311
 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. 68833

1 OWNER Department of the Navy ADDRESS AT WELL LOCATION 500' north of the siren tower 300' south of the Delta runway
 MAILING ADDRESS 4755 Pasture Rd., Fallon, NV Subdivision Name: BS1-24 County: Churchill
 2 LOCATION NE ¼ SE ¼ Sec 22 T 18N N/S R 28 E Latitude 39 24 31.42 N UTM E _____ NAD 27
 PERMIT/WAIVER No. 0016-011-01 Longitude -118. 42 28.53 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? NA
 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	Feet	Depth Cased	10	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>	<u>0</u>	<u>10</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: Bottom of the well was tagged
 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	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet
From _____	_____	_____	feet to	_____
From _____	_____	_____	feet to	_____
From _____	_____	_____	feet to	_____
From _____	_____	_____	feet to	_____
From _____	_____	_____	feet to	_____

5 WATER LEVEL

Static water level 8.7 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	Neat	<input checked="" type="checkbox"/> Pumpe	<input type="checkbox"/> Poured
From <u>0</u>	feet to <u>10</u>	feet	Neat		<input checked="" 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"/>
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
completion was pulled and filled with native soil
plug in main well log
had 25
39.4083090
118.4061430 W

Neat Cement Fluid Weight 7 gal lbs/gal
 Bentonite Grout _____ % bentonite
 Date Started 1/16/2014
 Date Completed 1/16/2014

Depth	Feet	Depth	Feet
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10

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 National EWP
 Contractor
 Address 500 Main St. Woodland, CA 95695
 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0075355
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-27-14