

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

OFFICE USE ONLY

Log No. 119357

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. 68839

1 OWNER Department of the Navy ADDRESS AT WELL LOCATION 100' N and 100' W of 4th St. and A St
 MAILING ADDRESS 4755 Pasture Rd., Fallon, NV 29 Subdivision Name: P4-SP-05 County: Churchill

2 LOCATION NW ¼ SW ¼ Sec 23 T 18N N/S/R 23 E Latitude 39 24. 28.71 N UTM E NAD 27
 PERMIT/WAIVER No. 006-011-01 Longitude 118 42 14.32 W N NAD 83/WGS 84
Issued by Water Resources Parcel No.

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

Is this well being plugged because a replacement well was drilled? No
 If yes, what is replacement well NOI? _____

Is there an existing well log? NA
 If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled 20 Feet Depth Cased _____ Feet

EXISTING CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>1</u> | | <u>Sch. 40</u> | <u>0</u> | <u>20</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:
The bottom of 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: none

| Type of perforator used: | From | feet to | feet | Number of perfs per linear foot |
|--------------------------|------|---------|------|---------------------------------|
| <u>none</u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Existing Perforations:

| Type of perforation | Size of perforation | From | feet to | feet |
|---------------------|---------------------|------|---------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5 WATER LEVEL

Static water level NA 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 | Pumpe | Poured |
|----------|-----------|-----------|---------------|--------------------------|-------------------------------------|--------------------------|
| <u>0</u> | <u>20</u> | <u>20</u> | <u>Neat</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6 Additional Notes or Comments

The completion was pulled and filled with native soil
grout tremied
plugs unknown well log
Nad 29
39.47056011
119.70299624

Neat Cement Fluid Weight 3 gal lbs/gal

Bentonite Grout _____ % bentonite

Date Started 1/22/2014

Date Completed 1/22/2014

Vertical stamp: RECEIVED BY THE DIVISION OF WATER RESOURCES

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] Driller performing actual drilling on site or contractor

Date 1-27-14