

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

**OFFICE USE ONLY**

Log No. 119917  
 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 SE corner of 4th St. and A St.  
 MAILING ADDRESS 4755 Pasture Rd., Fallon, NV 29 Subdivision Name: P3-SG-06 County: Churchill  
 2 LOCATION NW 1/4 SW 1/4 Sec 23 T 18N N/S/R 23 E Latitude 39 24. 28.92 N UTM E \_\_\_\_\_  NAD 27  
 PERMIT/WAIVER No. 000-611-01 Longitude 118 42 23.83 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 NOI? \_\_\_\_\_ If yes, what is NDWR well log #? \_\_\_\_\_

4 EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	1	Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>Sch. 40</u>	<u>0</u>	<u>1</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: none

Existing Perforations:

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

Type of perforator used: none

Type of perforator used	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 NA feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ ° F Quality \_\_\_\_\_

8 WELL PLUGGING MATERIALS

Material Used	Neat	Pumped	Poured
From <u>0</u> feet to <u>1</u> feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments  
completion was pulled and filled with native soil  
plug unbroken well log  
NA 23  
39.4081142  
118.7056384

Neat Cement Fluid Weight 2 gal lbs/gal  
 Bentonite Grout \_\_\_\_\_ % bentonite  
 Date Started 1/21/2014  
 Date Completed 1/21/2014

Vertical stamp: RECEIVED DIVISION OF WATER RESOURCES STATE OF NEVADA

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