

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

OFFICE USE ONLY
 Log No. 119423
 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
 MAILING ADDRESS 4755 Pasture Rd., Fallon, NV

ADDRESS AT WELL LOCATION
350' NW of the end of B St.

2 LOCATION NW 1/4 SW 1/4 Sec 23 T 18N N/S R 23 E
 PERMIT/WAIVER No. Code 611-01
Issued by Water Resources Parcel No.

Subdivision Name: P2-SG-01-B County: Churchill
 Latitude 39 24. 28.74 N UTM E _____
 Longitude 118 42 23.81 W N _____
 NAD 27
 NAD 83/WGS 84

3 TYPE OF WELL
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 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 _____ Feet
 Depth Cased 1 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6		Sch. 40	0	1

Existing Perforations:
 Type of perforation _____
 Size of perforation _____
 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: _____

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 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 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 unknown well log
Mad 29
39 20 30 61 E
118 42 53 2 W
 2014 FEB 19 AM 10:15
 2014 FEB 19 AM 10:15

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

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]
 Date 1-27-14
By driller performing actual plugging on site or contractor

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 06-04)