

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

OFFICE USE ONLY
Log No. 121146
Permit No. _____
Basin _____

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. 37392
WELL NAME (if applicable): MW-9A

1 OWNER Wine Albert & Maurice David% S J Oros
MAILING ADDRESS 315 Beverly Dr.#301
Beverly Hills, CA 90212-4309

ADDRESS AT WELL LOCATION 4345 E. Charleston Blvd
Sunrise Manor
Subdivision Name: _____ County: Clark

2 LOCATION NW ¼ NW ¼ Sec 5 T 21S N/S R 62 E
PERMIT/WAIVER No. 161-05-102-009
(Issued by Water Resources Parcel No)

Latitude 36 09'31.65"N UTM E NAD 27
Longitude 115 04'45.79"W N NAD 83/WGS 84

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? N/A
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled N/A Feet Depth Cased 17 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: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5		Sch 40	0	17

Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: _____ feet to _____ feet
Was the casing over drilled? yes no

Existing Perforations:

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

If casing was left in place, please show where additional perforations were made:
Additional Perforations:

Type of perforator used:	feet to	feet	Number of perfs per linear foot
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____
From _____	_____	_____	_____

5 WATER LEVEL
Static water level 11 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments
Under Power Lines, Pressure Grout in place
Well associated with 7-Eleven store 29643

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From <u>0</u>	feet to <u>1</u>	feet	Landscaping Rock	<input type="checkbox"/>	<input type="checkbox"/>
From <u>1</u>	feet to <u>17</u>	feet	Cement Grout	<input checked="" 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"/>

Neat Cement Fluid Weight 94/5.2 lbs/gal
Bentonite Grout 20 % bentonite
Date Started 4/27/2014
Date Completed 4/27/2014

RECEIVED
MAY 9 4 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 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 [Signature]
By driller performing actual drilling on site or contractor
Date 5-30-14

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