

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

OFFICE USE ONLY
Log No. 121222
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. 71430

1 OWNER County of Clark (PK & Comm Serv) ADDRESS AT WELL LOCATION 5483 Clubhouse Dr
MAILING ADDRESS 500 S. Grand Central Pkwy
Las Vegas, NV 89155 Subdivision Name: _____ County: _____

2 LOCATION Nw 1/4 NE 1/4 Sec 9 T 21S N/SR 62 E Latitude UTME 812358.7 NAD 27
PERMIT/WAIVER No. DW-1334A 16109501001 Longitude N 26 753277.3 NAD 83/WGS 84
Issued by Water Resources Parcel No. State Plane

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? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 50 Feet Depth Cased 50 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)
8	6	3/8	0	50

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:

Existing Perforations:

From	Type of perforation	Size of perforation	From (Feet)	To (Feet)
	machine slotted	0.032		
From <u>30</u>				
From _____				

Type of perforator used:

From	To	Type of perforator	Number of perfs per linear foot
From _____			

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

8 WELL PLUGGING MATERIALS

From	To	Material Used	Pumped	Poured
From <u>2</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
From <u>10</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____			<input type="checkbox"/>	<input type="checkbox"/>
From _____			<input type="checkbox"/>	<input type="checkbox"/>
From _____			<input type="checkbox"/>	<input type="checkbox"/>
From _____			<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments

LVP Well #213

SEP 2 2 2014

Neat Cement Fluid Weight 94/7 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 8/14/2014
Date Completed 8/14/2014

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 Viking Drillers Inc Contractor
Address 5950 Granite Lake Dr. Contractor
Granite Bay, CA 95691
Nevada contractor's license number issued by the State Contractor's Board 0034680
Nevada driller's license number issued by the Division of Water Resources, the on-site driller DW-2361
Signed _____
Date 7/31/2014

36.1407684
-115.053499 NAD 24