

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

OFFICE USE ONLY
Log No. 121417
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. 37391
WELL NAME (if applicable): MVV-14A

1 OWNER Trident Trust LP Downer Family Trust
MAILING ADDRESS 1895 Rose Ave
San Marino, CA 91108-3018

ADDRESS AT WELL LOCATION 4325 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. 161-05-102-006
Issued by Water Resources Parcel No.

Latitude 36 09'31.41"N UTM E NAD 27
Longitude 115 04'47.74"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 23 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	23

Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: 0 feet to 23 feet
Was the casing over drilled? yes no

Existing Perforations:

Type of perforation	Factory Slotted
From <u>8</u> feet to <u>23</u> feet	<u>0.02</u>
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:	From	feet to	feet	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	_____
_____	From _____	feet to _____	feet	_____
_____	From _____	feet to _____	feet	_____
_____	From _____	feet to _____	feet	_____
_____	From _____	feet to _____	feet	_____

5 WATER LEVEL
Static water level 13 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments

8 WELL PLUGGING MATERIALS

Well associated with 7-Eleven store 29643

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From <u>0</u>	feet to <u>1</u>	feet	Hot Mix Asphalt	<input type="checkbox"/>	<input type="checkbox"/>
From <u>1</u>	feet to <u>2</u>	feet	Compacted Type II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From <u>2</u>	feet to <u>23</u>	feet	Cement Grout	<input checked="" 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

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

361 153 753
- 115 079 0954
NAD 27