

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

OFFICE USE ONLY
Log No. 121695
Permit No. 80331E
Basin 049

**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. 67480 72746
WELL NAME (if applicable): 55-1

1 OWNER NV Energy ADDRESS AT WELL LOCATION 700 E. Silver St
MAILING ADDRESS PO Box 10100 Reno NV. 89520
Subdivision Name: _____ County: Elko

2 LOCATION SE ¼ NW ¼ Sec 15 T _____ N/S R 56 E
PERMIT/WAIVER No. IVE 80331E 001-352-005
Latitude 40.833229N UTM E NAD 27
Longitude 115.758566W N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? _____
If yes, what is replacement well NOI? _____
Is there an existing well log? yes
If yes, what is NDWR well log #? 116439

4 EXISTING WELL CONSTRUCTION
Depth Drilled 18 Feet Depth Cased 18 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1/4"</u>		<u>Tubing</u>	<u>0</u>	<u>17.5</u>
<u>1/4"</u>		<u>Tubing</u>	<u>0</u>	<u>5</u>

Existing Perforations:

From	Type of perforation	Size of perforation	feet to	To
		<u>0.01</u>		
From <u>17.5</u>			<u>18</u>	feet
From <u>4.5</u>			<u>5</u>	feet
From _____			_____	feet
From _____			_____	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: Monitor Well No Water

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

Additional Perforations:

From	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 _____		_____	_____	_____

5 WATER LEVEL
Static water level none 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

From	feet to	feet	Material Used	Neat Cement	Pumped	Poured
From <u>8</u>	feet to	<u>0</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"/>

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 11/20/2104
Date Completed 11/20/2104

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 Alternative Drilling Co. Contractor
Address PO Box 281166 Lamoille NV. 89828 Contractor
Nevada contractor's license number 073955
Nevada driller's license number issued by the 2421
Division of Water Resources, the on-site driller
Signed _____
Date 1/16/2015
By driller performing actual drilling on site or contractor

2015 FEB -3 AM 0:51
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INDEXED

Plugging well log 116439