

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

OFFICE USE ONLY
Log No. 122024
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 534.348

1 OWNER Todd Smith ADDRESS AT WELL LOCATION 3041 Casey Rd
MAILING ADDRESS P.O. Box 2353 Fallon NV 89406
Subdivision Name: _____ County: _____
2 LOCATION 20 1/4 NW 1/4 Sec 35 T 19 NSR 2E E Latitude 0343330 NAD 27
PERMIT/WAIVER No. 34008-753-15 Longitude N 4370367 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? Yes
If yes, what is replacement well NO? 72833
Is there an existing well log? NONE Found
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 60 Feet Depth Cased 60 Feet
EXISTING CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
6 3/8 12.9 .188 +1 60
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 Perforations:
Type of perforation Machine Slot
Size of perforation .080
From 50 feet to 60 feet
From _____ feet to _____ feet
Additional Perforations:
Type of perforator used:
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 29 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments
Well did not have a sanitary seal. was able to over drill 35' and pull casing
Slugs unknown log replaced by 72833
Nad 27
39.4190500 N
118.6213130 W

8 WELL PLUGGING MATERIALS
Material Used
From 0 feet to 60 feet Neat Cement Pumped Poured
From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight 15 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 1-12-15
Date Completed 1-13-15

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 WELSON CORP Contractor
Address P.O. Box 888 Contractor
Fallon NV 89406
Nevada contractor's license number _____
Issued by the State Contractor's Board 211751
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199
Signed James Mariani
By driller performing actual drilling on site or contractor
Date 1-13-15

RECEIVED
MAR 23 2015
STATE ENGINEER'S OFFICE

USE ADDITIONAL SHEETS IF NECESSARY

684-2810