

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

OFFICE USE ONLY
 Log No. 122711
 Permit No. _____
 Basin 083

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. 73412

1. OWNER **Tom Santoni** ADDRESS AT WELL LOCATION **2200 Lousetown**
 MAILING ADDRESS **2 Skipwith PL** **Reno NV 89521**
The Woodlands, TX 77382 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE 1/4 SE 1/4 Sec 32 T 18N / R 21 E** Latitude **39.3823** UTM E NAD 27
 PERMIT/WAIVER NO. **R-859** **003-072-02** Longitude **-119.6385** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled? Yes No Is there an existing well log? Yes No
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well NOI? _____ If yes, what is NDWR well log #? **109060**

4. EXISTING WELL CONSTRUCTION
 Depth Drilled **165** Feet Depth Cased **165** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	250
5 9/16	6.96	.188	240	340
4 1/2	Sch 40	Sch 40	246	645

Existing Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32x3**

From 280	feet to 300	feet
From 320	feet to 340	feet
From 330	feet to 498	feet
From 540	feet to 645	feet
From _____	feet to _____	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: _____

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:
 Type of perforator used: **None - See Waiver**

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: **305'** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS

Material Used			
From 0	feet to 645	feet	Neat C. <input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____	feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____	feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____	feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____	feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____	feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

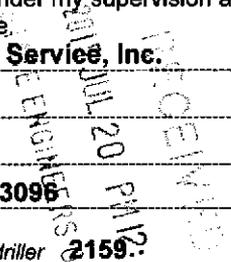
Neat Cement Fluid Weight **15.0** lbs/gal
 Bentonite Grout **>30** % bentonite
 Date Started **6/11/15**
 Date Completed **6/11/15**

6. Additional Notes or Comments
Abandoned this well by installing tremie pipe to bottom and pumping cement from the bottom to surface. The pump equipment was already removed from this well.

plug well log 109060
Nad 27
39.382300°N
119.638500°W

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 **Bruce MacKay Pump & Well Service, Inc.** (CONTRACTOR)
 Address **1600 Mt. Rose Hwy** (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2159**
 Signed *Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **6/11/15**



(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY