

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

OFFICE USE ONLY
 Log No. 122766
 Permit No. _____
 Basin 087

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. 07174

1 OWNER Atlantic Richfield ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 6549 6190 S. Virginia Street Reno, NV
Morago, CA 94570 Subdivision Name: _____ County: Washoe

2 LOCATION SW ¼ NW ¼ Sec 31 T 19N N/S R 20 E Latitude 39.469970° UTM E _____ NAD 27
 PERMIT/WAIVER No. 025-290-16 Longitude -119.785409° 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? No Is there an existing well log? _____
 Domestic Irrigation Test Stock If yes, what is replacement well NOI? _____ If yes, what is NDWR well log #? _____
 Municipal/Industrial Monitor Stock

4 EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	37	Feet
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EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SCH 40		

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

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet
		From		

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			

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

Material Used	From	feet to	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	From	0	37		
	From			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	From			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	From			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	From			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	From			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6 Additional Notes or Comments

SW-8
Drillout Top 5' and Mushroom Cap

RECEIVED
 2013 AUG 14 AM 10:56
 STATE ENGINEERS OFFICE

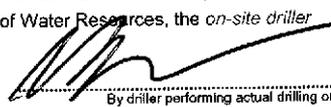
Neat Cement Fluid Weight 20 lbs/gal
 Bentonite Grout 5 % bentonite
 Date Started 5/14/2013
 Date Completed 5/14/2013

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 3000 Duluth Street West Sacramento, CA 95691 Contractor

Nevada contractor's license number _____ issued by the State Contractor's Board C23-073966
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1977-M

Signed  By driller performing actual drilling on site or contractor
 Date _____

(Rev. 05-05)

USE ADDITIONAL SHEETS IF NECESSARY

Plugging Unknown Well log