

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

OFFICE USE ONLY
Log No. 122785
Permit No. _____
Basin 104

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. 67173

1 OWNER Atlantic Richfield ADDRESS AT WELL LOCATION
MAILING ADDRESS P.O. Box 6549 1017 North Carson Street Carson City, NV
Morago, CA 94570 Subdivision Name: _____ County: Carson City

2 LOCATION NW ¼ NW ¼ Sec 17 T 15N N/S R 20 E Latitude 39° 17'00.49" UTM E NAD 27
PERMIT/WAIVER No. 02-161-07 Longitude -119.766670° 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? No
If yes, what is replacement well NOI? _____

Is there an existing well log? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased 21 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>SCH 40</u>		

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: _____

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 _____

Existing Perforations:
Type of perforation _____
Size of perforation _____

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 _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

Material Used			
From <u>0</u>	feet to <u>21</u>	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
From _____	feet to _____	feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Neat Cement Fluid Weight 20 lbs/gal
Bentonite Grout 5 % bentonite

Date Started 5/6/2013
Date Completed 5/6/2013

6 Additional Notes or Comments
MW-1
Drillout Top 5' and Mushroom Cap

STATE ENGINEERS OFFICE
2013 AUG 14 AM 10:11
ATLAS VENTURE

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 [Signature]
By driller performing actual drilling on site or contractor

Date _____

Plugging Unknown log