

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

OFFICE USE ONLY
Log No. 127798
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
MAILING ADDRESS P.O. Box 6549
Morago, CA 94570

ADDRESS AT WELL LOCATION
1017 North Carson Street Carson City, NV
Subdivision Name: _____ County: Carson City

2 LOCATION NW ¼ NW ¼ Sec 17 T 15N N/S R 20 E
PERMIT/WAIVER No. 02-161-07
Issued by Water Resources Parcel No.

Latitude 39° 16' 9.25" UTM E NAD 27
Longitude -119.766437° N NAD 83/WGS 84

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	16	Feet
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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

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet

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

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>16</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

6 Additional Notes or Comments

VW-4
Drillout Top 5' and Mushroom Cap

RECEIVED
 2013 AUG 14 AM 10:13
 STATE ENGINEERS OFFICE

Neat Cement Fluid Weight 20 lbs/gal
Bentonite Grout 5 % bentonite
Date Started 5/6/2013
Date Completed 5/6/2013

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

Date _____

Plugging Unknown log