

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

OFFICE USE ONLY
Log No. 122860
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 534.340

NOTICE OF INTENT NO. 72900

1 OWNER Robert Ayers ADDRESS AT WELL LOCATION 4250 Solias Rd
MAILING ADDRESS 4250 Solias Rd Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2 LOCATION NE 1/4 NE 1/4 Sec 16 T 18N N/S R 28 E Latitude 39.4275 UTM E NAD 27
PERMIT/WAIVER No. 006-471-19 Longitude -118.83878 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? yes
If yes, what is replacement well NO? 72899
Is there an existing well log? no
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 16 Feet Depth Cased 16 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	16

Existing Perforations:
Type of perforation unknown
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

5 WATER LEVEL
Static water level 12 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ ° F Quality _____

6 Additional Notes or Comments
Pumped neat cement from bottom to top.

Plug unknown log
replaced by log 122860
Nad 27
39.427500° N
118.838780° W

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: Mills Knife

From	feet to	feet	Number of perfs per linear foot
0	16	feet	4
		feet	

8 WELL PLUGGING MATERIALS
Material Used

From	feet to	feet	Neat Cement	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
0	16	feet		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		feet		<input type="checkbox"/>	<input type="checkbox"/>
		feet		<input type="checkbox"/>	<input type="checkbox"/>
		feet		<input type="checkbox"/>	<input type="checkbox"/>
		feet		<input type="checkbox"/>	<input type="checkbox"/>
		feet		<input type="checkbox"/>	<input type="checkbox"/>
		feet		<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight 15.6 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 7/17/2015
Date Completed 7/17/2015

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 Parsons Drilling, Inc. Contractor
Address P.O. Box 1265 Contractor
Fallon, NV 89407
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7/17/2009

STATE ENGINEERS OFFICE
2015 AUG 10 2509
PH 1: 13
RECEIVED