

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

OFFICE USE ONLY
Log No. 123107
Permit No. _____
Basin 105

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. 73553

1 OWNER FRANK GOECKE
MAILING ADDRESS 1590 GOECKE GUNN

ADDRESS AT WELL LOCATION 1590 GOECKE GUNN
Subdivision Name: _____ County: DOUGLAS

2 LOCATION SE 1/4 NE 1/4 Sec 03 T 12 N/S R 20 E
PERMIT/WAIVER No. R-967 122803000017
Issued by Water Resources Parcel No. _____

Latitude 39.55999 UTM E _____ NAD 27
Longitude 119.42902 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? Yes
If yes, what is replacement well NO? 68370

Is there an existing well log? NO
If yes, what is NDWR well log #? _____

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

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>	<u>-</u>	<u>.025</u>	<u>0</u>	<u>64</u>

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

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

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used: NA
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____

5 WATER LEVEL
Static water level 62 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments

From	feet to	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<u>0</u>	<u>64</u>	<u>portland</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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
From	feet to	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

4" casing. NO well report
Head 27
38.931743m
119.414025m
plug unknown log
Replaced by 123106

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 8/24/15
Date Completed 8/29/15

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 BLAIN DRILLING & PUMP CO INC.
P.O. Box 1255
Carson City, NV 89702
Address _____ Contractor

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 464988A
2182

Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 8/25/15

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STATE ENGINEER
REF 10