

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

OFFICE USE ONLY  
Log No. 12377  
Permit No. \_\_\_\_\_  
Basin 090

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. 73445B

1. OWNER Nevada Pacific Development Corp. ADDRESS AT WELL LOCATION 593 Lakeshore Blvd  
MAILING ADDRESS 956 Lakesore Blvd. Incline Village, NV 89450  
Incline Village, NV 89450 Subdivision Name: \_\_\_\_\_ County: Washoe

2. LOCATION NE 1/4 SE 1/4 Sec 17 T16N / R18E Latitude 39.24905 UTM E  NAD 27  
PERMIT/WAIVER NO. M/O 1981 122-100-23 Longitude -119.97670 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  No  
Is there an existing well log?  Yes  No  
If yes, what is replacement well NOI? \_\_\_\_\_ If yes, what is NDWR well log #? 122049

4. EXISTING WELL CONSTRUCTION  
Depth Drilled 40 Feet Depth Cased 40 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	Sch 40		0	40

Existing Perforations:  
Type of perforation Factory Slot  
Size of perforation .020

From <u>30</u> feet to <u>40</u> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

5. WATER LEVEL  
Static water level: 39 feet below land surface  
Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ °F Quality \_\_\_\_\_

6. Additional Notes or Comments  
**Abandoned this well by pouring neat cement to bottom and filled to top.**  
**Well #B-21**  
**Washoe Co. Permit WL1500089**

*NAD 27  
39.249143  
119.975677*

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 \_\_\_\_\_

8. WELL PLUGGING MATERIALS

From	To	Material Used	Pumped	Poured
From <u>0</u> feet to <u>40</u> feet		<u>Cement</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____ feet to _____ feet			<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet			<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet			<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet			<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet			<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight 15.0 lbs/gal  
Bentonite Grout >30 % bentonite

Date Started 9/22/15  
Date Completed 9/22/15

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 Bruce MacKay Pump & Well Service, Inc.  
Address 1600 Mt. Rose Hwy  
Reno, NV 89511  
Nevada contractor's license number issued by the State Contractor's Board 23096  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1799  
Signed R. Bruce MacKay  
By driller performing actual drilling on site or contractor  
Date 9/28/15

*Plugging well log 122049*