

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

OFFICE USE ONLY
Log No. 124393
Permit No. _____
Basin 107

**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. 72360

WELL NAME (if applicable): _____

1 OWNER R.N. FULSTONE INC.
MAILING ADDRESS P.O. BOX 61
SMITH VALLEY, NV 89430

ADDRESS AT WELL LOCATION 31 RIVERS RD
SMITH VALLEY, NV 89430
Subdivision Name: _____ County: Lyon

2 LOCATION NE ¼ SE ¼ Sec 20 T 11N N/S R 23 E
PERMIT/WAIVER No. 25 010-391-01
Issued by Water Resources Parcel No.

Latitude 38.7851°N UTM E NAD 27
Longitude 119.348198°W 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 NOI? 72359
Is there an existing well log? NO
If yes, what is NDWR well log #? N/A

4 EXISTING WELL CONSTRUCTION

Depth Drilled	<u>160</u> Feet	Depth Cased	<u>160</u> Feet
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EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>160</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 If pulled from: _____ feet to _____ feet

Was the casing over drilled? yes no

If casing was left in place, please show where additional perforations were made:
Additional Perforations: _____

Existing Perforations:

Type of perforation	Size of perforation	From	To
<u>TORCH CUT</u>	<u>3X3/32</u>	<u>140</u> feet to	<u>180</u> feet

Type of perforator used: MILLS KNIFE

From	To	Number of perfs per linear foot
<u>60</u> feet to	<u>140</u> feet	<u>4</u>

5 WATER LEVEL

Static water level 138 feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature COLD °F Quality POOR

6 Additional Notes or Comments

NAD 27
38.785100
119.348198

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8 WELL PLUGGING MATERIALS

From	To	Material Used	Pumped	Poured
<u>0</u> feet to	<u>160</u> feet	<u>NEAT CEMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight 94/4 lbs/gal

Bentonite Grout _____ % bentonite

Date Started 10/15/2014

Date Completed 10/15/2014

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 CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor

Address 20 KIT KAT DRIVE
Contractor

CARSON CITY, NV 89706

Nevada contractor's license number _____
issued by the State Contractor's Board 0055548

Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
Signed [Signature] 1905
By driller performing actual drilling on site or contractor

Date 10/19/2014

Plugging unknown well log