

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

OFFICE USE ONLY  
Log No. 124516  
Permit No. \_\_\_\_\_  
Basin \_\_\_\_\_

**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. 37911  
WELL NAME (if applicable): AS-22

1 OWNER Clark County Aviation ADDRESS AT WELL LOCATION Sweenson Street & Colby Ave  
MAILING ADDRESS PO Box 11005 Las Vegas NV 89111-1005 Las Vegas NV  
Subdivision Name \_\_\_\_\_ County: Clark

2 LOCATION NE ¼ NW ¼ Sec 27 T 21S N/S R 61 E Latitude 36°05'52.14"N UTM E  NAD 27  
PERMIT/WAIVER No. 162-27-199-016 Longitude 115°08'45.67"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? 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 0 Feet Depth Cased 28 Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.68	0.154	0	28

Existing Perforations:

Type of perforation	Factory
Size of perforation	0.010
From <u>23</u> feet to <u>28</u> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ 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: \_\_\_\_\_

Was the well contaminated?  yes  no  
Was the casing pulled?  yes  no If pulled from: 0 feet to 28 feet  
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	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____

5 WATER LEVEL  
Static water level 27 feet below land surface  
Artesian flow NA G.P.M. \_\_\_\_\_ P.S.I. \_\_\_\_\_  
Water temperature NA °F Quality Clear

6 Additional Notes or Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 WELL PLUGGING MATERIALS

Material Used			
From <u>0</u> feet to <u>28</u> feet	Cement	<input checked="" 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

Neat Cement Fluid Weight 9 lbs/1 gal lbs/gal  
Bentonite Grout \_\_\_\_\_ % bentonite  
Date Started 18-Jan  
Date Completed 18-Jan

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 National EWP Contractor  
Address 4221 West Oquendo Rd-Las Vegas, NV 89118 Contractor

Nevada contractor's license number \_\_\_\_\_  
issued by the State Contractor's Board 0075355  
Nevada driller's license number issued by the \_\_\_\_\_  
Division of Water Resources, the on-site driller 2512-LTD  
Signed Bob M  
By driller performing actual plugging on site or contractor  
Date 21-Jan

OCNR/DWR/SNBO  
RECEIVED  
JAN 22 2016

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-115-1460194  
WAD  
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