

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

OFFICE USE ONLY
Log No. 124550
Permit No. _____
Basin 089

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. 73060

1. OWNER **Brian Ellison** ADDRESS AT WELL LOCATION **45 Lonesome Polecat**
MAILING ADDRESS **45 Lonesome Polecat** **Washoe Valley, NV 89704**
Washoe Valley, NV 89704 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW 1/4 SE 1/4 Sec 26 T16 N/S R19E** Latitude **39.219990** UTM E NAD 27
PERMIT/WAIVER NO. _____ Longitude **-119.813716** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled? Yes No Is there an existing well log? Yes No
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well NOI? 73061 If yes, what is NDWR well log #?

4. EXISTING WELL CONSTRUCTION

Depth Drilled **62'** Feet Depth Cased **62'** 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 | 62 |
| | | | | |
| | | | | |

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

Existing Perforations:
Type of perforation Unknown
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: **MILLS KNIFE**

| From | feet to | feet | Number of perfs per linear foot |
|------|---------|------|---------------------------------|
| 62 | feet to | 50 | 4 |
| 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 |

5. WATER LEVEL

Static water level: **38'** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS

| From | feet to | feet | Material Used | <input checked="" type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
|------|---------|------|---------------|--|---------------------------------|
| 0 | feet to | 62 | Cement | <input checked="" 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"/> |
| From | feet to | feet | | <input type="checkbox"/> | <input type="checkbox"/> |

6. Additional Notes or Comments
Abandoned this well by perforating from bottom to 50' where we encountered the seal. Installed tremie pipe to bottom and pumped a 12 sack sand slurry from bottom to surface.

Neat Cement Fluid Weight **15.0** lbs/gal
Bentonite Grout **>30** % bentonite
Date Started **2/12/16**
Date Completed **2/12/16**

Washoe County permit #WL150034

NAD 27
39.220080°N
119.812699°W

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.**
(CONTRACTOR)
Address **1600 Mt. Rose Hwy**
(CONTRACTOR)
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 **1790**
Signed _____
By driller performing actual drilling on site or contractor
Date **2/19/16**

STATE ENGINEERS OFFICE
2016 MAR -4 AM 11:19

Plugs Unknown Well log