

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

OFFICE USE ONLY  
Log No. 106584  
Permit No. \_\_\_\_\_  
Basin 153

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. 621781

1 OWNER Eureka County Ambulance Bay ADDRESS AT WELL LOCATION 310 North Main Street  
MAILING ADDRESS P.O. Box 977 Eureka Nevada 89316 89316  
Eureka NV 89316 Subdivision Name: N/A County: Eureka

2 LOCATION NW 1/4 SW 1/4 Sec 13 T 19 NSR 53 E Latitude N 39° 30.964' UTM E  NAD 27  
PERMIT/WAIVER No. 101-036-05 Longitude W 115° 57.705' N  NAD 83 WGS 84  
Issued by Water Resources Parcel No. WGS 84

3 TYPE OF WELL  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor MW 1  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? NO  
If yes, what is NDWR well log #? N/A

4 EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
		<u>14</u>	

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>sch 40</u>	<u>0</u>	<u>14</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: -

Existing Perforations:  
Type of perforation 0.020  
Size of perforation slotted screen  
From 4 feet to 14 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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 \_\_\_\_\_

5 WATER LEVEL  
Static water level 2' 5" feet below land surface  
Artesian flow NO G.P.M. \_\_\_\_\_ P.S.I. \_\_\_\_\_  
Water temperature Warm °F Quality Murky

8 WELL PLUGGING MATERIALS

From	feet to	Material Used	Pumped	Poured
From <u>1/2</u>	feet to <u>0</u>	<u>non-shrink grout</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From <u>14</u>	feet to <u>1/2</u>	<u>neat cement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments  
MW# 1  
Facility ID# F-001166  
WGS 84  
N 39° 30.964'  
W 115° 57.705'  
439516144  
W 115.96952 NAD27

Neat Cement Fluid Weight 24 lbs/gal  
Bentonite Grout % bentonite \_\_\_\_\_  
Date Started 4/8/08  
Date Completed 4/8/08

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 Dale Lehman Contractor  
Address 520 Edison Way Contractor  
Reno NV 89502  
Nevada contractor's license number C.E. 4186 (Perovella)  
issued by the State Contractor's Board  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976  
Signed Dale Lehman By driller performing actual drilling on site or contractor  
Date 4/10/08