

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

OFFICE USE ONLY 106657  
Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin 058

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. **62791**

1. OWNER **James Castalupes** ADDRESS AT WELL LOCATION **0 Galena View Court**  
MAILING ADDRESS **P.O. Box 273** **Reno**  
**Crystal Bay Nv. 89402** **Subdivision Name:** \_\_\_\_\_ **County: Washoe**

2. LOCATION **NW¼NE¼ Sec9T17N/ R19E** Latitude **39.35997** UTM E \_\_\_\_\_  NAD 27  
PERMIT/WAIVER NO. **047-054-02** Longitude **119.85461** 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  
If yes, what is replacement well NOI? \_\_\_\_\_  
Is there an existing well log?  Yes  No  
If yes, what is NDWR well log #? \_\_\_\_\_

4. EXISTING WELL CONSTRUCTION  
Depth Drilled **86** Feet Depth Cased **86** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 7/8	17.02	.250	-6	86

Existing Perforations:  
Type of perforation \_\_\_\_\_  
Size of perforation \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

6. Additional Notes or Comments  
**Washoe Permit WL080077**  
**N39.360060**  
**W 119.853588 NAD27**

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: **None**  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_

8. WELL PLUGGING MATERIALS

Material Used  
**Neat cement**  Pumped  Poured  
From **-6** feet to **86** feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  Pumped  Poured  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  Pumped  Poured

Neat Cement Fluid Weight **15** lbs/gal  
Bentonite Grout \_\_\_\_\_ % bentonite

Date Started **8/13/08**  
Date Completed **8/13/08**

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 **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 **923**

Signed R. Bruce MacKay  
By driller performing actual drilling on site or contractor  
Date **8/19/08**

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STATE ENGINEERS OFFICE