

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

OFFICE USE ONLY
Log No. **107968**
Permit No. _____
Basin **212**

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. **26779**

1 OWNER **Michael Sturdivant / City of Las Vegas** ADDRESS AT WELL LOCATION **Fulton Pl. right of way West. of S. Valley View Blvd**
MAILING ADDRESS **400 Stewart Las Vegas, NV, 89101** Subdivision Name: _____ County: **Clark**

2 LOCATION **SW 1/4 SE 1/4 Sec 31 T 20 N 61 E** Latitude **36.16289** UTM E NAD 27
PERMIT/WAIVER No. **M 0-2794 | 139-31-899-009** Longitude **-115.19517** 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? **N.O.**
If yes, what is replacement well NOI? _____
Is there an existing well log? **N.O.**
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.5			0	9.5
5.5			0	9.5

Existing Perforations:
Type of perforation **Slotted**
Size of perforation **.020**
From **9.5** feet to **29.5** feet
From **9.5** feet to **29.5** 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
Was the casing over drilled? yes no

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

5 WATER LEVEL
Static water level **13.5** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature **75** °F Quality **Fair**

8 WELL PLUGGING MATERIALS

From	feet to	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From .5	feet to 29.5	Cement/Bent.	<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"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

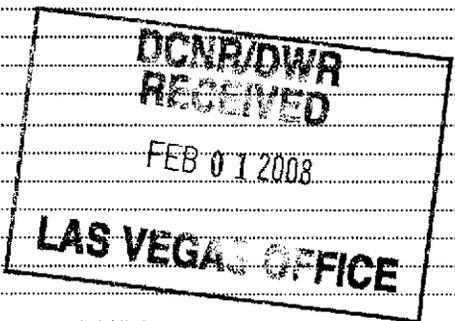
6 Additional Notes or Comments

Asphalt From 0' To .5'
Removed Bottom Cap
pumped Cement/Bent.
AS CASING WAS REMOVED

Neat Cement Fluid Weight **14** lbs/gal
Bentonite Grout **4** % bentonite **Dry weight**
Date Started **1-21-08**
Date Completed **1-21-08**

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 **Layne Christensen Co.** Contractor
Address **12030 E. Riggs rd.** Contractor
Chandler Az. 85249
Nevada contractor's license number issued by the State Contractor's Board **0019101**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2226**
Signed **Dy M [Signature]**
By driller performing actual drilling on site or contractor
Date **1-28-08**



USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05/06)