

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

OFFICE USE ONLY
Log No. **108174**
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. **32174**

1 OWNER **RUDY PROPERTIES LLC**
MAILING ADDRESS **C/O CLAUDEPT. 399 WALL ST #1A
GLENDALE HEIGHTS ILL. 60139**

ADDRESS AT WELL LOCATION **1600N RANCHO LAS VEGAS NV.**
Subdivision Name: _____ County: **CLARK**

2 LOCATION **SW 1/4 SW 1/4 Sec 20 T 20 N/S R 61 E**
PERMIT/WAIVER No. **139-16-411-005**
Issued by Water Resources Parcel No. _____

Latitude **36° 11.326 N** UTM E NAD 27
Longitude **115° 11.130 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 NO? _____

Is there an existing well log? **NO**
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled **22.5** Feet Depth Cased **22.5** 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: _____

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SC4 40	0	22.5

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

Existing Perforations:
Type of perforation **MACHINE SLOT**
Size of perforation **1.020**
From **7.5** feet to **22.5** feet
From _____ feet to _____ feet
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:
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 **16.2** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments
FACILITY ID. NO. 8-000609

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 0	feet to 2.5	feet	ASPHALT	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 2.5	feet to 1.5	feet	CONCRETE	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 1.5	feet to 22.5	feet	BENTONITE	<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

Neat Cement Fluid Weight **+13** lbs/gal
Bentonite Grout **+20** % bentonite

Date Started **3-16-2009**
Date Completed **3-16-2009**

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 **EALIE DRILLING** Contractor
Address **7150 PLACID ST. LAS VEGAS NV 89119** Contractor

Nevada contractor's license number issued by the State Contractor's Board **51266**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2357**

Signed **M. J. Welter** By driller performing actual drilling on-site or contractor

Date **3-23-2009**

DCNR/DWR RECEIVED
MAR 30 2009
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY