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

OFFICE USE ONLY
Log No. 109447
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

1 OWNER Suncor Holdings coplllc
MAILING ADDRESS 11601 Wilshire Blvd #1650
Los Angeles CA 90025

ADDRESS AT WELL LOCATION 3822 E Desert Inn
Las Vegas NV 89119
Subdivision Name: _____ County: Clark

2 LOCATION SE 1/4 Sec 7 T 21 NSR 62 E
PERMIT/WAIVER No. 8000740 16107402063
Issued by Water Resources Parcel No.

Latitude 36.07815 UTM E NAD 27
Longitude 115.05532 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
Is there an existing well log? NO
If yes, what is replacement well NOI? _____
If yes, what is NDWR well log #? _____

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

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>PVC</u>	<u>SCH 40</u>	<u>0</u>	<u>24</u>

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: _____

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet

Type of perforator used: NONE

From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL
Static water level 16.88 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	Pumped	
<u>0</u>	<u>1</u>	<u>feet</u>	<u>CONCRETE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Poured
<u>1</u>	<u>24</u>	<u>feet</u>	<u>CEMENT GROUT</u>	<input type="checkbox"/>	<input type="checkbox"/> Poured
				<input type="checkbox"/>	<input type="checkbox"/> Poured
				<input type="checkbox"/>	<input type="checkbox"/> Poured
				<input type="checkbox"/>	<input type="checkbox"/> Poured
				<input type="checkbox"/>	<input type="checkbox"/> Poured

6 Additional Notes or Comments

REMOVAL OF WELL BOX

DCNR/DWR
RECEIVED
JUL 27 2009
LAS VEGAS OFFICE

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 6-11-09
Date Completed 6-18-09

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 EAGLE DRILLING Contractor
Address 7150 PLACID STREET Contractor
Las Vegas NV 89119

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: 2097
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7-8-09