

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

OFFICE USE ONLY **110116**
 Log No.
 Permit No.
 Basin **143**

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. **64832**

1. OWNER **Stagecoach G.I.D.** ADDRESS AT WELL LOCATION **1.5 Mile E. of Chavez/Hwy50**
 MAILING ADDRESS **5000 Navajo Trail** **Stagecoach, NV**
Stagecoach, NV 89429 Subdivision Name: _____ County: **Lyon**

2. LOCATION **NE 1/4 NW 1/4 Sec 24 T17N / R22E** Latitude **N4356000** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **W642** **016-021-24** Longitude **E.287548** 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 #? **110115**

4. EXISTING WELL CONSTRUCTION
 Depth Drilled **600** Feet Depth Cased **0** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
n/a				

Existing Perforations:
 Type of perforation **n/a**
 Size of perforation **n/a**
 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: **n/a**
 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: **51** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.

Water Temperature: **Cold** °F Quality **Not tested**

6. Additional Notes or Comments

39.329221°N
119.464739°W **NAD 27** (TN)

8. WELL PLUGGING MATERIALS

Material Used

Neat			
From 0 feet to 600 feet	cement	<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
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 **15** lbs/gal
 Bentonite Grout _____ % bentonite

Date Started **1-27-2010**
 Date Completed **1-27-2010**

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 **1790**

Signed **R. Bruce MacKay**
 By driller performing actual drilling on site or contractor

Date **1-28-2010**

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