

TM 2-3

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

OFFICE USE ONLY
Log No. **115806**
Permit No. _____
Basin **220**

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. **36578**

1 OWNER **Clark County**
MAILING ADDRESS **500 S. Grand Central Pkwy
Las Vegas Nv 89101**

ADDRESS AT WELL LOCATION **Public right-of-way
Lewis Ave. Overton Nv**
Subdivision Name: _____
County: **Clark**

2 LOCATION **NE 1/4 NE 1/4 Sec 19 T 16S N/S R 68 E**
PERMIT/WAIVER No. **MO-2909** **071-19-501-001**
Issued by Water Resources Parcel No.

Latitude **37.30778.64** NAD 27
Longitude **N 4046420.59** 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 NOI? _____
Is there an existing well log? **no**
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled **18** Feet Depth Cased **18** 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) |
| 2 | PVC | Sch 40 | 18 | +2 |
| | | | | |
| | | | | |

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: _____

Existing Perforations:

| Type of perforation | Machine slot |
|--------------------------------------|--------------|
| From 18 feet to 8 feet | 0.02 |
| From _____ feet to _____ feet | _____ |
| From _____ feet to _____ feet | _____ |
| From _____ feet to _____ feet | _____ |
| From _____ feet to _____ feet | _____ |

Additional Perforations:

| From | feet to | feet | Number of perfs per linear foot |
|------------|---------------|------|---------------------------------|
| From _____ | feet to _____ | feet | _____ |
| From _____ | feet to _____ | feet | _____ |
| From _____ | feet to _____ | feet | _____ |
| From _____ | feet to _____ | feet | _____ |
| From _____ | feet to _____ | feet | _____ |

5 WATER LEVEL
Static water level **8** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature **COOL** °F Quality _____

8 WELL PLUGGING MATERIALS

| From | feet to | feet | Material Used | _____ | _____ |
|----------------|------------------|------|-----------------|---------------------------------|--|
| From 18 | feet to 6 | feet | Bentonite chips | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| From 6 | feet to 0 | feet | Portland | <input type="checkbox"/> Pumped | <input checked="" 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 |

6 Additional Notes or Comments

**DCNR/DWR
RECEIVED**
JUL 23 2012
LAS VEGAS OFFICE

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started **12-Jul-12**
Date Completed **12-Jul-12**

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 Services LLC.**
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 **2399-T1**
Signed _____
By driller performing actual drilling on site or contractor
Date **18 July 2012**

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY

36.535325 NAD 27
-114.421337