

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

OFFICE USE ONLY
Log No. 115-825
Permit No. _____
Basin 087

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. 67198

1. OWNER **Pioneer Parkway Holding Company, LLC** ADDRESS AT WELL LOCATION **595 Geiger Grade**
MAILING ADDRESS **1380 Greg St. Suite #231** **Reno, NV 89511**
NW **Sparks, NV 89431** *Subdivision Name:* _____ *County:* **Washoe**

2. LOCATION **NE/NE/4 Sec28 T18N/ R20E/** Latitude **39.403545** UTM E _____ NAD 27
PERMIT/WAIVER NO. _____ Parcel No. **143-040-03** Longitude **119.741480** N _____ NAD 83/WGS 84
Issued by Water Resources

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 #? _____

4. EXISTING WELL CONSTRUCTION
Depth Drilled **240** Feet Depth Cased **240** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"			0	240

Existing Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **35** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **warm** °F Quality **not tested**

6. Additional Notes or Comments
This well was for Geo-Thermal.

Pressure grouted from 120' to 20' with 24 sacks of crumbles.

Pressure grouted from 20' to 0' with 9 sacks of cement.

original well log unknown

39.403634
119.740461
NAD 27

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:
The well had collapsed at 120'.

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:
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 _____
From _____ feet to _____ feet Number of perms per linear foot _____

8. WELL PLUGGING MATERIALS

Material Used
From **120** feet to **20** feet **crumbles** Pumped Poured
From **20** feet to **0** feet **Cement** Pumped Poured
From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout **20** % bentonite

Date Started **12-07-11**
Date Completed **12-08-11**

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 **2159**

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

Date **12-12-11**