

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

OFFICE USE ONLY  
 Log No. 116093  
 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. **66468**

1. OWNER **Pioneer Parkway Holding Co.** ADDRESS AT WELL LOCATION **555 Geiger Grade**  
 MAILING ADDRESS **1380 Greg St. Ste. 231** **Reno, NV 89521**  
**Sparks, NV 89431** Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **NW¼NE¼ Sec28T18N/ R20E** Latitude **39.401650** UTM E  NAD 27  
 PERMIT/WAIVER NO. **143-040-10** Longitude **-119.739823** N  NAD 83/WGS 84  
 Issued by Water Resources Parcel No. \_\_\_\_\_

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled?  Yes  No Is there an existing well log?  Yes  No  
 Domestic  Irrigation  Test  Municipal/Industrial  Monitor  Stock If yes, what is replacement well NOI? \_\_\_\_\_ If yes, what is NDWR well log #? **33714**

4. EXISTING WELL CONSTRUCTION  
 Depth Drilled **155** Feet Depth Cased **150** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.96	.188	0	150

Existing Perforations:  
 Type of perforation **Saw Cut**  
 Size of perforation **1/8 x 2"**

From <b>55</b> feet to <b>150</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
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: **cool** °F Quality \_\_\_\_\_

6. Additional Notes or Comments

**Washoe Co. Permit WL110023**

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 2013 JAN 17 AM 9:19  
 STATE ENGINEERS OFFICE

*NAD 27  
 39.401650° N  
 119.739823° W*

*Plug Well Log No. 33714*

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 perforator used: **None**

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

8. WELL PLUGGING MATERIALS

Material Used			
From <b>155</b> feet to <b>20</b> feet	<b>crumbles</b>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
	<b>neat</b>		
From <b>20</b> feet to <b>0</b> feet	<b>cement</b>	<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
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Neat Cement Fluid Weight **15** lbs/gal  
 Bentonite Grout **>30** % bentonite

Date Started **6-8-12**  
 Date Completed **6-8-12**

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 **Bruce MacKay Pump & Well Service, Inc.**

Address **1600 Mt Rose Hwy.**

**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 **923**

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

Date **6-8-12**