

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

OFFICE USE ONLY
Log No. 107331
Permit No. 104
Basin 104

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. 67193

1. OWNER **State of Nevada office of the Military**
MAILING ADDRESS **2460 Fairview Dr.**
Carson City, NV 89701

ADDRESS AT WELL LOCATION **2444 Fairview Dr.**
Carson City, NV 89701
Subdivision Name: _____ County: **Carson**

2. LOCATION **SW¼NE¼ Sec21T15N/ R20E**
PERMIT/WAIVER NO. **010-053-02**
Issued by Water Resources Parcel No. _____

Latitude **N39.15028** UTM E NAD 27
Longitude **W119.74224** 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? Yes No
If yes, what is replacement well NOI? _____

Is there an existing well log? Yes No
If yes, what is NDWR well log #? 111702

4. EXISTING WELL CONSTRUCTION
Depth Drilled **305** Feet Depth Cased **290** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	+2	290

Existing Perforations:
Type of perforation **Factory**
Size of perforation **3/32 x 3**
From **90** feet to **290** 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:
There was no fill in well to clean out.

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: **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 _____

5. WATER LEVEL
Static water level: **56** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality _____

8. WELL PLUGGING MATERIALS

Material Used			
From 295 feet to 0 feet	crumbles	<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 **20** % bentonite
Date Started **10-31-11**
Date Completed **10-31-11**

6. Additional Notes or Comments
The well was pressure grouted from bottom to top using 19 bgs of crumbles & 7 bgs of portland cement. We used 24 gal of water per batch mixed.

39.150370 °N
119.741227 °W
NAD27
Dec/Dec

Plugs well log # 111702

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 **2326**

Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor
Date **11-1-11**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY