

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

OFFICE USE ONLY
 Log No. **117518**
 Permit No. _____
 Basin **21a**

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. **36620**

1 OWNER **Antoku Dahlas & Mieko Tr Antoku Mieko V Trs** ADDRESS AT WELL LOCATION **1253 Vegas Valley Dr**
 MAILING ADDRESS **2020 Clement St** **MW-10** **Winchester**
Honolulu, HI 96822-3328 Subdivision Name: _____ County: **Clark**

2 LOCATION NW ¼ SW ¼ Sec 11 T 21S N/S R 61 E Latitude **36 08'11.50"N** UTM E NAD 27
 PERMIT/WAIVER No. **R-1593** **162-11-301-002** Longitude **115 08'10.09"W** 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? **NO**
 If yes, what is replacement well NO? _____
 Is there an existing well log? **N/A**
 If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
 Depth Drilled **N/A** Feet Depth Cased **20** Feet
 EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5		Sch 40	0	20

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: **N/A**

Existing Perforations:
 Type of perforation **N/A**
 Size of perforation **N/A**

From	feet to	feet	feet

From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL
 Static water level **10** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
1	feet to	20	Cement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0	feet to	1	Concrete	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments
Remove neat cement from bottom up, pressure grout well, top off as needed, Concrete cap

Neat Cement Fluid Weight **94/5.2** lbs/gal
 Bentonite Grout _____ % bentonite
 Date Started **21-Feb**
 Date Completed **2/21/2013**

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 **Cascade Drilling L.P.** Contractor
 Address **4590 Copper Sage St** Contractor
Las Vegas, NV 89115
 Nevada contractor's license number issued by the State Contractor's Board **C23-0073966**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2381**
 Signed _____
 Date **2-25-13**
By driller performing actual drilling on site or contractor