

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

OFFICE USE ONLY
Log No. 118055
Permit No. _____
Basin 212

**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. 36953

1 OWNER <u>Public ROW</u>		ADDRESS AT WELL LOCATION <u>Public ROW on Sahara West of Boulder Hwy</u>	
MAILING ADDRESS <u>500 South Grand Central Pkwy</u> <u>Las Vegas, NV</u>		Subdivision Name: _____ County: <u>Clark</u>	
2 LOCATION <u>SE ¼ SE ¼ Sec 1 T 21S N/S R 61 E</u>	Latitude <u>36 8°42.90" N</u>	UTM E _____	<input type="checkbox"/> NAD 27
PERMIT/WAIVER No. <u>DW-1319A</u> Parcel No. <u>16201899017</u>	Longitude <u>115 6°8.31" W</u>	N _____	<input checked="" type="checkbox"/> NAD 83/WGS 84

3 TYPE OF WELL			Is this well being plugged because a replacement well was drilled? <u>no</u>	Is there an existing well log? _____
<input type="checkbox"/> Domestic	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Test	If yes, what is replacement well NOI? _____	If yes, what is NDWR well log #? _____
<input type="checkbox"/> Municipal/Industrial	<input type="checkbox"/> Monitor	<input type="checkbox"/> Stock		

4 EXISTING WELL CONSTRUCTION			
Depth Drilled <u>40</u> Feet	Depth Cased <u>40</u> Feet		

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	40

Existing Perforations:

Type of perforation	Size of perforation	From	To
machine Slot			
From <u>20</u>	feet to	<u>40</u>	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet

7 WELL PLUGGING PROCEDURE	
Was well cleaned out to total depth?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
If well was not cleaned out to total depth, please explain why: _____	

Was the well contaminated?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Was the casing pulled?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Was the casing over drilled?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

If casing was left in place, please show where additional perforations were made:
Additional Perforations:

Type of perforater used:	From	To	Number of perfs per linear foot

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

8 WELL PLUGGING MATERIALS			
Material Used			
From <u>0</u> feet to <u>10</u> feet	Concrete Grout 3/8s	<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

6 Additional Notes or Comments

Well #39

approx 2+93

DCNR/DWR/SNBO
RECEIVED
AUG 19 2013

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started <u>4/25/2013</u>
Date Completed <u>4/25/2013</u>

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 _____	Viking Drillers Inc <small>Contractor</small>
Address _____	801 Northport Dr. <small>Contractor</small>
_____	Sacramento, CA 95691
Nevada contractor's license number _____	issued by the State Contractor's Board <u>0034680</u>
Nevada driller's license number issued by the _____	Division of Water Resources, the on-site driller <u>M-2091</u>
Signed _____	By driller performing actual drilling on site or contractor
Date _____	<u>5/14/2013</u>

(Rev. 05-06) **USE ADDITIONAL SHEETS IF NECESSARY**

36.14525
-115.1023093 NAD27