

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

OFFICE USE ONLY

Log No. 118711

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. 37702

1 OWNER ATI Service LLC ADDRESS AT WELL LOCATION 1685 Palm ST
 MAILING ADDRESS 700 S. Federal Hwy#300 MW-7 Sunrise Manor
Boca Raton, FL 33432-6128 Subdivision Name: County: Clark

2 LOCATION SE ¼ NE ¼ Sec 1 T 21S N/S R 61 E Latitude 36 09'10.56"N UTM E _____ NAD 27
 PERMIT/WAIVER No. 162-01-602-015 Longitude 115 06'06.54"W 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? No Is there an existing well log? N/A
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well NOI? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased 18 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>		<u>Sch 40</u>	<u>0</u>	<u>18</u>

Existing Perforations:

Type of perforation	Factory Slotted
From <u>8</u> feet to <u>18</u> feet	<u>0.02</u>
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

5 WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

6 Additional Notes or Comments

**DCNR/DWR/SNSC
RECEIVED
NOV 08 2013**

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

8 WELL PLUGGING MATERIALS

Material Used	Quantity
From <u>0</u> feet to <u>1</u> feet Concrete	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
From <u>1</u> feet to <u>18</u> feet Cement Grout	<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

Neat Cement Fluid Weight _____ lbs/gal
 Bentonite Grout _____ % bentonite
 Date Started 10/28/2013
 Date Completed 10/28/2013

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 [Signature] By driller performing actual drilling on site or contractor
 Date 11-8-13

36.1529616
-115.1009341 NAD 27