

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

OFFICE USE ONLY
Log No. 119 261
Permit No. _____
Basin 19

**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. 68833

1 OWNER Department of the Navy ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 4755 Pasture Rd., Fallon, NV 500' north of the siren tower 300' south of the Delta runway
Subdivision Name: BS1-11 County: Churchill

2 LOCATION NE ¼ SE ¼ Sec 22 T 18N N/S R 28 E Latitude 39. 24 30.37 N UTM E _____ NAD 27
PERMIT/WAIVER No. 006-0101 Longitude -118. 42 28.33W 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? NA
 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 10 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>Sch. 40</u>	<u>0</u>	<u>10</u>

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: _____
Bottom of the well was tagged

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet

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

Additional Perforations:

Type of perforator used:	From	feet to	feet	Number of perfs per linear foot
<u>none</u>				

5 WATER LEVEL

Static water level 8.2 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	Neat	<input checked="" type="checkbox"/> Pumpe	<input type="checkbox"/> Poured
<u>0</u>	<u>10</u>	<u>10</u>				
					<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
					<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
					<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
					<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
					<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6 Additional Notes or Comments

completion was pulled and filled with native soil
plug unknown well log
Nad 27
39.243037 N
118.422833 W

Neat Cement Fluid Weight 7 gal lbs/gal
Bentonite Grout _____ % bentonite
Date Started 1/16/2014
Date Completed 1/16/2014

RECEIVED
 DIVISION OF WATER RESOURCES
 1150 S. MAIN ST.
 CARSON CITY, NV 89201
 775-335-2200

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 _____ National EWP Contractor
Address 500 Main St. Woodland, CA 95695 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0075355
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111
Signed _____
Date 1-27-14
By driller performing actual drilling on site or contractor