

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

OFFICE USE ONLY
 Log No. 114415
 Permit No. _____
 Basin 101

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. 68839

1 OWNER Department of the Navy ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4755 Pasture Rd., Fallon, NV SE corner of 4th St. and A St.
 Subdivision Name: P3-SG-04 County: Churchill

2 LOCATION NW 1/4 SW 1/4 Sec 23 T 18N N/S/R 23 E Latitude 39 24. 28.99 N UTM E NAD 27
 PERMIT/WAIVER No. 006-611-01 Longitude 118 42 23.81 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
 Is there an existing well log? NA
 If yes, what is replacement well NO? _____
 If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

| Depth Drilled | Feet | Depth Cased | 1 | Feet |
|---------------|------|-------------|---|------|
| | | | | |

EXISTING CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 | | Sch. 40 | 0 | 1 |
| | | | | |
| | | | | |

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

Existing Perforations:

| Type of perforation | Size of perforation | From | feet to | feet |
|---------------------|---------------------|------|---------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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: none

| From | feet to | feet | Number of perfs per linear foot |
|------|---------|------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5 WATER LEVEL

Static water level NA 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 | Pumped | Poured |
|------|---------|------|---------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 0 | 1 | 1 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6 Additional Notes or Comments
completion was pulled and filled with native soil
plug well log unknown
7ad 75
39 405 134 W
115 305 632 W

Neat Cement Fluid Weight 2 gal lbs/gal
 Bentonite Grout _____ % bentonite
 Date Started 1/21/2014
 Date Completed 1/21/2014

Vertical stamp: STATE OF NEVADA DIVISION OF WATER RESOURCES

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 [Signature] By driller performing actual drilling on site or contractor
 Date 1-27-14