

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

OFFICE USE ONLY
Log No. 120225
Permit No. _____
Basin 054

**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. 68843

1 OWNER Barrick Cortez
MAILING ADDRESS HC 66 Box 1250 Crescent Valley, NV

ADDRESS AT WELL LOCATION Star Rt HC66 OW-3D
Beowawe

Subdivision Name: _____ County: Lander

2 LOCATION NW ¼ SE ¼ Sec 31 T 28N N/S R 47 E
PERMIT/WAIVER No. M/O 572
Issued by Water Resources Parcel No.

Latitude 40.254592 UTM E NAD 27
Longitude 116.722183 N NAD 83/WGS 84

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 NOI? _____

Is there an existing well log? yes
If yes, what is NDWR well log #? 40116

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

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.25	sch 80pvc	.25	0	740

If well was not cleaned out to total depth, please explain why:
A camera was run down the hole to TD and was clean and dry

Existing Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
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: _____

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

WELL PLUGGING MATERIALS			
From	To	Material Used	
740	0	Neat Cement	<input type="checkbox"/> Pumped <input checked="" 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
			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Additional Notes or Comments
Plugs well log 40116
Nad 27
40.254592 N
116.722183 W

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 4/29/2014
Date Completed 4/29/2014

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 _____ Contractor
Address _____ Contractor
Nevada contractor's license number _____ issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
Signed _____
Date 4/29/2014

National EWP
580 W Silver St
Elko, NV 89801
0075355
2243
RECORVED
MAY JUN 5 AM 11:31
STATE ENGINEERS OFFICE

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY