

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

OFFICE USE ONLY
 Log No. 120408
 Permit No. _____
 Basin 088

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. **71204**

1. OWNER **Paul Hayden** ADDRESS AT WELL LOCATION **Same**
 MAILING ADDRESS **5490 Goldenrod Reno NV 89511** Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW¼NW¼ Sec2 T17N / R19E** Latitude **39.368910** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **R-812** Parcel No. **045-536-11** Longitude **-119.822776** 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? Yes No
 If yes, what is replacement well NOI? _____
 Is there an existing well log? Yes No
 If yes, what is NDWR well log #? **46264**

4. EXISTING WELL CONSTRUCTION
 Depth Drilled **740** ~~60~~ Feet Depth Cased **240** ~~60~~ Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	95
5	10.79	.188	95	240

Existing Perforations:
 Type of perforation **Factory Cut**
 Size of perforation **3/32" x 3**

From 95 feet to 105 feet
From 230 feet to 240 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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: **None Per Waiver**

From _____ feet to _____ feet	Number of perms per linear foot _____
From _____ feet to _____ feet	Number of perms per linear foot _____
From _____ feet to _____ feet	Number of perms per linear foot _____
From _____ feet to _____ feet	Number of perms per linear foot _____
From _____ feet to _____ feet	Number of perms per linear foot _____
From _____ feet to _____ feet	Number of perms per linear foot _____

5. WATER LEVEL
 Static water level: **80** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS

Material Used

From 0 feet to 60 feet	12 Sack	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
From 60 feet to 240 feet	Ben Chip	<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

Neat Cement Fluid Weight **15.0** lbs/gal
 Bentonite Grout **>30** % bentonite

Date Started **6/5/14**
 Date Completed **6/5/14**

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 **Bruce MacKay Pump & Well Service, Inc.**
(CONTRACTOR)

Address **1600 Mt. Rose Hwy**
(CONTRACTOR)

Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **22991**

Signed **R. Bruce MacKay**
 By driller performing actual drilling on site or contractor

Date **6/23/14**

*NAD 27
 39.369000°N
 119.821755°W*

Plugging well log 46264

2014 JUN 20 11:19:53
 STATE ENGINEERS OFFICE