

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

OFFICE USE ONLY
Log No. 20828
Permit No. _____
Basin 162

**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. 70005A

1 OWNER NEAL BRADY
MAILING ADDRESS PO BOX 421
MICHIGAN CITY, IN. 46361-0421

ADDRESS AT WELL LOCATION 520 W LUPIN
NYE
Subdivision Name U8B CALVADA VLY County NYE

2 LOCATION SE 1/4 NW 1/4 Sec 28 T 20S N/S R 53 E
PERMIT/WAIVER No. 39-071-18
Issued by Water Resources Parcel No

Latitude N36°11'11.8" UTM E _____ NAD 27
Longitude W116°01'25.8" 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
If yes, what is replacement well NOI? _____

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

4 EXISTING WELL CONSTRUCTION
Depth Drilled 160 Feet Depth Cased 160 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: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8-5/8	16.94	.188	0	160

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	EXISTING
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Additional Perforations:

Type of perforator used: HOLTZ

From	feet to	feet	Number of perfs per linear foot
From <u>160</u>	feet to <u>50</u>	feet	<u>12</u>
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____

5 WATER LEVEL
Static water level 76 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	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From <u>0</u>	feet to <u>160</u>	feet	<u>NEAT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments

CONFIDENTIAL RECEIVED
MAY 30 2014

Neat Cement Fluid Weight 15.5 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 5/28/2014
Date Completed 5/28/2014

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 GREAT BASIN DRILLING
Contractor
Address 1220 MANSE RD
Contractor
PAHRUMP NV 89048
Nevada contractor's license number _____
issued by the State Contractor's Board 47333
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1426
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5/29/2014

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

36,1866499
-116.0229737
NAD 24