

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

OFFICE USE ONLY
Log No. 125432
Permit No. _____
Basin _____

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. 38528
WELL NAME (if applicable): Well#60

1 OWNER Clark County - Public Right of Way
MAILING ADDRESS 500 South Grand Central PKWY 2nd Floor
Las Vegas NV 84155

ADDRESS AT WELL LOCATION McLeod Dr. just south of East Patrick Ln
Las Vegas NV
Subdivision Name: _____ County: Clark

2 LOCATION NW 1/4 SE 1/4 Sec 36 T 21S N/S/R 61 E
PERMIT/WAIVER No. DW-1379 | 162-36-799-009
Parcel No. _____

Latitude 36 04' 36.43" N UTM E NAD 27
Longitude 115 06' 35.07" W 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 #? 123564

4 EXISTING WELL CONSTRUCTION
Depth Drilled 40 Feet Depth Cased 40 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	6	SCH 40	0	40

Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: 0 feet to 40 feet
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made:

Existing Perforations:

From	Type of perforation	Size of perforation	feet to	feet
	machine slot	0.032	20	40

Additional Perforations:

From	Type of perforator used:	feet to	feet	Number of perfs per linear foot
From		feet to	feet	
From		feet to	feet	
From		feet to	feet	
From		feet to	feet	
From		feet to	feet	
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From		feet to	feet	
From		feet to	feet	
From		feet to	feet	

5 WATER LEVEL
Static water level 16 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments

8 WELL PLUGGING MATERIALS

TYPE OF WELL = Temporary Dewatering

From	Material Used	feet to	feet	Pumped	Poured
From <u>0</u>	gravel pack	feet to <u>10</u>	feet	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From <u>10</u>	bentonite seal	feet to <u>12</u>	feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From <u>12</u>	impact sand gravel	feet to <u>40</u>	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 _____ lbs/gal

Bentonite Grout _____ % bentonite

Date Started 2/22/2016

Date Completed 2/22/2016

DCNR/DWR/SNBO RECEIVED

APR 15 2016

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 Viking Drillers, Inc
Contractor

Address 5950 Granite Lake Dr. Granite Bay CA 95746
Contractor

Nevada contractor's license number _____

issued by the State Contractor's Board 0034680

Nevada driller's license number issued by the _____

Division of Water Resources, the on-site driller 2361

Signed Matthew J. E.
By driller performing actual drilling on-site or contractor

Date 4/13/16

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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-115.1089117
NAD
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